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ORIGINAL ARTICLES.

VISIONARY THERAPEUTICS.

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IT may be permissible at this time to remind you that materia medica is seemingly a lost art, hence it is very difficult to present something interesting and new to a progressive medical society. The fact that the chair of materia medica has been abolished from the curriculum of study of the Johns Hopkins University, whether for political or diplomatic reasons, or from want of faith in the efficacy of drugs I do not know, but it certainly means something to those who still have faith in drug-therapy.

There have been such rapid developments in the progress of medicine, especially in *preventive medicine,* which has largely replaced curative medicine, in surgery and in the various specialties, that there is practically very little in the field for the internist than to make death easy for the incurables by palliation, and to palliate the ailments of those who have traveled to Europe needlessly and now ask American physicians for relief.

Then, again, the various cults, Christian Science, and others, have a following that has detracted from the use of medicine. Despite the fact that Mrs. Eddy's history is not without stain or blot or blemish, Christian Science has doubtless lifted many out of grief, and care. and doubt, and fear, and made their lives beautiful. On the other hand, when we read quotations like the following that have been sent broadcast among the public by the drugless healers, small wonder is it, then, that many are captivated by mental healers and other faith curists. I quote the following:

"The science of medicine is founded upon conjecture and improved by murder."

"Drug medicines do but cure one disease by producing another."

"A mild mercurial course and mildly cutting a man's throat are synonymous terms."

"Pain in the stomach nowadays is always appendicitis, and is recognized by the physician's wife over the telephone."

"We always tell a patient and his friends that the operation was successful."

"The career of medicine down the channel of the ages has been vexed by a constant ebb and flow of contrary opinions."

"Of all sciences, medicine is the most uncertain."

These are but a few clippings from prominent old school journals and it is needful for us as students of the homœopathic materia medica to present a better and more definite and dependable therapeutic method.

It may be comforting, however, to those honest and conscientious in the medical profession to know that *preventive medicine* has made it possible for the various cults to exist; in other words, had the environment not been proper, had the soil not been prepared by medical men, *the cults could not flourish.*

Were cholera, yellow fever, small-pox, diphtheria, scarlet fever, typhoid fever prevalent, in epidemic form, as they were thirty years ago, mental healers would play a small part in the medical world. Homœopathy in its early existence in this country had not the favorable sanitary environment.

Surgery has come into its own, and when the air bubbles in therapeutics have exploded, and radio- and X-ray therapy get into their proper places, therapeutics will again come into *its* own.

Notwithstanding the fact that the homœopathic materia medica is seemingly burdened with much useless material, and to many of us oftentimes appears too vast for practical utility—bordering on the impossible—there are nevertheless many precious kernels to be sifted out of it that can be appropriated to good advantage.

The longer I practice medicine, however, the more carefully I scrutinize the results following the administration of remedies, and the more loath I am to attribute favorable results to just one given cause—as a drug or treatment of whatever nature that may be, be it a new or an old method.

There are oftentimes so many forces operating for or against the action of drugs that we do not always know the true factors that bring about a favorable result or a fatality.

Owing to change of conditions it is far more difficult to prescribe a remedy, homœopathically indicated, to-day than it was forty years ago. The growing tendency in men to sacrifice time, health, ideals, life itself to the game of achievement has brought about different disorders with

a different symptom complex. Modern and so-called "scientific medicine" is striving to discover a specific—one remedy for every disease. Should this object be attained, the practice of medicine will no longer be a difficult one.

Some among our own ranks contend that the fine points of distinction of remedies are not of importance, and that the results following the administration of drugs on careful differentiation and individualization are often visionary. From merely a casual observance of the principles of Homœopathy it will be seen that the fundamental doctrine in the homœopathic therapeutics is the doctrine of individualization.

Remarkable coincidences are doubtless often mistaken for consequences. I have reasons to assume, however, that many results following the administration of a carefully selected drug, homœopathically indicated, are not *coincidences* but *consequences.*

To prescribe homœopathically is certainly an art of far-reaching nature, especially if several drugs have similar indications. The intelligent application of the principle of the law of similars possesses therapeutic value beyond any method thus far promulgated.

There are *discoveries of the hour,* and there are *discoveries of all time.* The discovery of the law of similars, or symptom similarity, has stood the test of a century, and it doubtless is a *discovery of all time.*

We should not include under this method or law of cure incurable, surgical, mechanical and chemical disorders. Also should we be able to grasp the *limitations* which govern the administration of remedies.

The question may now arise, is it possible that one drug can cure or alleviate so many or more than one exclusive type of ailment? Is it equally certain that any affection can be relieved by several or many drugs?

In this connection we should remember that we are in reality only treating symptoms or expressions of disease and not disease proper. For instance, we may have chronic nephritis, œdema of the lungs, myocarditis, perhaps valvular insufficiency and dropsy in the same individual and at the same time.

There is no single drug to my knowledge that will always meet the demands of even relief—not to speak of a cure—in such a case. Why should Digitalis in some form help one, Apocynum another, Apis, Arsenicum, Squills or Convallaria others?

Again, we may have a carcinoma, syphilis and tuberculosis co-existent in the same patient. Here the treatment must necessarily be symptomatic to the expressions and not directed to the various disorders. Could we combat disease manifestations primarily in disordered vitality before diseased organs or pathological changes manifest themselves, results of treatment would be far more satisfactory. A cure, then, would be possible, while afterwards in many cases it is only palliative.

Diagnosis and pathology, however, should not be slighted; on the contrary, a thorough knowledge of these will help us in the selection of the proper remedy, and give us an insight as to the possibility of drug action and effect.

In order that a drug may be of use there must be some *special, definite or specific indication which* characterizes its usefulness over others—a definite agent with a definite purpose. In order to accomplish this we must have a *guiding principle.* Let us analyze pain, for instance, neuralgia or discomfort of any kind. The introduction and exploitation of antipyretics and analgesics—depressants of the heart centers—for pain, a symptom which accompanies so many diseases, is not only *unfortunate* for the public, but *unfortunate* for *successful homœopathic prescribing.*

The introduction of these synthetics has been largely *mercenary.* (A *ban* should be placed on the indiscriminate dispensing and the use of them as well as on opiates.)

Their immediate consequences are far more destructive than those following the use of opiates. We all know that they are widely used for the relief of headaches and other discomforts. They sometimes afford prompt relief with small doses, and often fail even when large doses are used. In fact, if a small dose fails to relieve headache or neuralgia, a large dose seldom accomplishes this. Yet the dose is increased to the limit, regardless of consequences, and when they fail to relieve and the patient comes to you, what then?

Unfortunately, these remedies have become household and are given indiscriminately for pain, be it in the face, in the foot, or in the abdomen. Their effects are apparent, but the cures visionary.

We know that drugs, over-powering in action, that give quick comfort and soothe the aching body are hemolysins, which destroy myriads of good red blood corpuscles. Their continuous use may establish a methemoglobenemia—a headache resulting from over-dose of these products containing acetanilid. In other words, we have in addition to the original disease an artificial one to combat, consequently patients react and recover slower from the original disease, nor has the remedy the truly curative effect.

Evidently they thus dampen off the aches and really relieve the twinges at the cost of correct diagnosis and treatment.

They *suppress* symptoms and aggravate the *cause* of *symptoms.* Once a drug eliminates the signs which paved the way for a proper understanding of the underlying condition and the true symptomatology, no true light will be avail-

able for a proper and truly homœopathic prescription.

The condition then becomes masked and the symptoms distorted and disguised, hence more difficult to prescribe and relieve homœopathically. Nor are these drugs void of danger and empiricism. While the old and antiquated remedies were for the most part harmless, nauseants, cathartics, aromatics or demulcents, the new ones are habit-forming, blood-destroying, or anaphylaxis-producing, or in other ways distinctly harmful and destructive.

There may be exceptional cases that require their use, they may be necessities in their place, but their indiscriminate use should be condemned. While a lawyer should be willing to give what he takes, a physician should not hesitate to take what he gives.

I have never taken a dose of calomel, quinine (crude), or a grain of an antipyretic or analgesic. I was once given a dose of phenacetin by a physician. As like just one Irishman at a Jewish wedding, that was enough.

Relative to old time remedies and old time indications the following may serve:

Optimistic reports from abroad indicated that the Bordet-Gengou vaccine for pertussis was specific for that very troublesome and annoying disease. The results, however, were distinctly disappointing.

If, then, new methods fail, we naturally again revert to those that served us well for many years.

Let us compare, for instance, the old antiquated hemlock, that put to death Socrates, three hundred and ninety-nine years B. C., and compare some of its "visionary" indications with those of Drosera and Coccus cacti.

In their provings all have produced dry, spasmodic cough with vomiting and nocturnal aggravation and aggravation by lying down. Their effects are likely due to their *specific* action upon the pneumogastric nerve.

Last autumn a woman about forty-five years of age contracted pertussis from her children. The paroxysms of cough were unusually severe, spasmodic, followed by vomiting and were aggravated at night. A very annoying feature in the case was a *tickling* and *itching* in the chest and throat. In addition there was *vertigo* characterized by *exacerbation* on *turning* over in bed or *turning the head* from side to side, whether *lying or sitting*. These symptoms distinguished Conium from Drosera and Coccus cacti. Was I justified to base my prescription on the *unusual* symptoms peculiar to Conium? The drug was prescribed and in less than three days after its administration amelioration began, and in two weeks' time she was practically free from both disorders.

This was not an unusual nor an astonishing result. I only offer it as an illustration. It is not unusual to get relief, if not a cure, in the management of pertussis in one or two weeks, while those that have no treatment usually extend over a period of months.

The children of this woman, three in number, from whom she contracted the disease, were all speedily cured, one with Belladonna, one with Drosera, and the other with Coccus cacti. In comparing these drugs we find similar symptoms in their pathogenesis, and only on making careful differentiation will we get curative effects.

A case of *traumatic synovitis* of the knee-joint of three weeks' standing came to my notice from another physician. The patella was protruded, and there was fulness at each side of it with distinct fluctuation, with severe constitutional disturbance, fever 102½° F., quick pulse, cough with sharp pains in the limb and in the chest, loss of appetite and sleep on account of the pain, with much thirst for large quantities of water. The joint had been aspirated, but filled up again. Iodine and some other lotions had been used locally. I applied a flannel bandage and prescribed Bryonia. In a few days there was a decided improvement—less swelling and less pain —and in three weeks the condition of the joint was normal. To attribute the cure entirely to Bryonia would be "visionary," but doubtless the drug was an aid in over-coming constitutional disturbances and hastened the recovery. The favorable results following the use of these drugs, or, in fact, the use of any drugs, cannot be reduced to a *fixed mathematical truth.*

The effect is not *demonstrably* correct.

While a large number of physicians of all schools of medicine believe in the efficacy of antitoxine, vaccination, vaccines, their efficacy has not been reduced to a fixed *mathematical truth.* It is not as yet demonstrably correct in the minds of all physicians.

Retrospectively the art and science of medicine has been seemingly *evolved;* there are no eternal facts, as there are likewise no absolute truths from a scientific viewpoint; we *believe* in the truth of everything that is *visibly, strongly believed.* A skeptic has no place in the practice of medicine. We have, or should have, a reason for the faith that is in us. Faith, as we understand it, is the antithesis of knowledge. A definite means to an end is the sum total of the verified facts in definite drug action wherein uncertainty has disappeared and certainty has taken its place.

It has been contended that "science" will solve all the complexities pertaining to medicine. What is science, and what are its claims and limitations? These are still open questions. Unbiased judgment, besides experience and experiment, will for all time enter into the practice of medicine, in which sound sense and conservatism must be exercised.

OUR MATERIA MEDICA, ITS USE, ABUSE AND DISUSE.

BY E. A. TAYLOR, M. D., CHICAGO.

OUR materia medica is the foundation upon which the superstructure of our school must ever repose. Our progress, prosperity and perpetuity are inseparably linked with our materia medica. Our existence as a distinct school of medicine depends upon the reliability of its recorded symptoms and their accurate adaptation to morbid manifestation according to the law of similars. The science of therapeutics is based upon two elemental factors: a reliable materia medica and its correct use. A comprehensive knowledge of the therapeutic agent and its relation to morbid phenomena are the essential prerequisites for a successful prescription.

For convenience of consideration we divide the membership of our school into three classes according to the attitude which they display toward our materia medica, namely, (a) those who use it; (b) those who abuse it; (c) those who do not use it. The first class comprises those who believe in the teachings of Hahnemann and strive to exemplify them in practice. It contains the names of the most successful prescribers of our school, from Hahnemann to those of the present day. These are the men who have made the marvelous cures which inspired confidence in homœopathy and enabled our school to live and grow and prosper, in spite of the persecution, bigotry and intolerance of the dominant school. Without this class homœopathy would be as "a sounding brass and a tinkling cymbal."

Class "b" contains those who use our materia medica to a greater or less extent and in various ways, crude, potentized, single or multiple, in alternation or in combination, internal and external and in conjunction with any other method which their inclination prompts them to pursue. They say with much complacency that they use whatever treatment "will do good," and they claim to find this "good" in all methods of treatment, "allopathic, homœopathic, horse and Divine." In this class belong those who either cannot or will not conform to the highest standards of proficiency in prescribing which every homœopathic physician should feel it his duty to attain. Here are found many of those who clamor loudest for new and "scientific" provings and they are usually the ones who know the least about the provings we have. They seek to evade the obligation which professed allegiance to principle entails by impunging the reliability of our materia medica and joining in a concert of captious criticism which is as unwarranted as it is unwise. It is the old trick of raising the dust to hide one's imperfections. If our provings were as unreliable as they claim them to be it would invalidate our right to exist as a distinct school of medicine, for the law of similars depends for its utilization and exemplification upon our materia medica. If this be untrustworthy, then the whole fabric of our being must crumble and fall with the weight of its own errors. If the imputation of these class "b" homœopaths be true there is no excuse for our existence as a separate school of medicine, for the very foundation of our faith is flaunted before us as a conglomeration of errors and falsehoods. But it is not true, and their efforts remind one of the perspective displayed when the monkey climbs the pole—the farther they go the more they expose their ignorance.

The literature of our school teems with authentic records of marvelous cures which effectually refute the unwarranted aspersion cast upon our materia medica by those who do not know how to use it. In the language of Prof. Blackwood, "Our materia medica is all right if only we would use it." We now come to our third and last class "c"—those who do not use the materia medica. Here will be found those who are attempting to startle the universe by the announcement of some stupendous triumph attained by the use of a serum, vaccine or other bombastic vacuity. Wherever we find such, whether in the limelight of the college clinic, or in the soft shadows of obscurity, who have forsaken the faith of the fathers for the phantom philosophy of serums and sophistries, vaccines and vagaries, let us gently draw the veil of charity about them and, gathering inspiration for the occasion from the precious precepts of the great Master of Mercy, let us say "Forgive them, for they know not what they do."

Owing to the multiplicity of discordant opinions which prevail within our ranks doubtless there are some who think that the dominant school, with its vaunted progress, may have something better than our own. We shall let the regulars speak for themselves and accept their own statement. Wood's Therapeutics and Materia Medica is one of the best known works of the old school and is recognized as a standard authority. The author, Dr. H. C. Wood, was, for many years, Professor of Materia Medica and Therapeutics in the University of Pennsylvania. In the preface of this work he says: "What today is believed is tomorrow to be cast aside, certainly has been the law of advancement, and seemingly must continue to be so. What has clinical therapeutics established permanently and indisputably? Scarcely anything beyond the primary facts that Quinine will arrest an intermittent, that salts will purge and that Opium will quiet pain and lull to sleep. To establish therapeutic facts the profession clings as with the heart and hand of one man,—clings with a desperation and unanimity whose intensity is the measure of the unsatisfied desire for

something fixed. Yet with what a Babel of discordant voices does it celebrate its two thousand years of experience!

"This is so well known that it seems superfluous to cite examples of the therapeutic discord; and only one shall be mentioned, namely, rheumatism. In this disease, bleeding, Nitrate of Potassium, Quinine, Mercurials, fly-blisters, purgation, Opium, the Bromides, Veratria, and a host of other remedies, all have their advocates clamoring for a hearing; and above all the tumult are to be heard the trumpet tones of Chambers' 'Wrap your patients in blankets and let them alone.'

"Experience is said to be the mother of wisdom. Verily she has been in medicine rather a blind leader of the blind; and the history of medical progress is a history of men groping in the darkness, finding seeming gems of truth one after another, only in a few minutes to cast each back to the vast heap of forgotten baubles that in their day had also been mistaken for verities.

"Narrowing our gaze to the regular profession and to a few decades, what do we see? Experience teaching that not to bleed a man suffering from pneumonia is to consign him to an unopened grave, and experience teaching that to bleed a man suffering from pneumonia is to consign him to a grave never opened by Nature. Looking at the revelations and contradictions of the past,—listening to the therapeutic Babel of the present,—is it a wonder that men should take refuge in Nihilism, and, like the lotus eaters, dream that all alike is folly,—that rest and quiet and calm are the only human fruition?"

Thus was medical progress for two thousand years portrayed by the leading authority of the "regular" school. Do you wonder in the face of this history that they call themselves regular? Theirs has been a regular succession of blasted hopes and dismal failures.

But inasmuch as this was written a few decades ago it may be said that it does not represent the present status of the "regular" school. Let us see. In Volume 2 of the *International Clinics* for 1910 there is an article written by James J. Walsh, M. D., Ph. D., LL. D., Dean of Fordham University School of Medicine, New York, entitled "The Progress of Medicine During the Last Twenty Years." Speaking of the advent of antisepsis he says: "Antisepsis was in the air and it seemed as though there ought to be some important applications of this principle to medicine as well as to surgery. There were scarcely any of the infectious diseases, even the so-called children's diseases or minor ailments, which did not share in this therapeutic fad of antisepsis. Now we have practically abandoned the idea of antisepsis in therapeutics. It seems likely that any antiseptic that will effectually kill a microbe or inhibit its growth will be just as likely to injure the cells of the body as much as, if not more, than the microbe." Of the coal-tar products, he says: "They have probably done at least as much harm as good." Again he says: "We have had some most wonderful cures for tuberculosis. I wonder if rising physicians will remember them in order to keep from being so easily led astray again. There were injections along the course of the phrenic nerve in order to stimulate it, and either by trophic influences or some way to cure the consumption. There was the injection of nitrogen into the pleural cavity. Nature, after all, sets a tuberculous lung at rest and this was one way of accomplishing the same purpose, it seems. Then, of course, there were any number of drugs to be used internally and by inhalation. Strychnia pushed to the limit, Iodine used in various ways, Arsenic, or at least the Arsenic preparation used up to physiological tolerance. Always in these cases an obscure drug given with the promise that the patient would surely get better and suggestion and hope did the rest. Alteratives, whatever that may mean, were special favorites. They can be presumed to do almost anything, and so they cured tuberculosis. Not a single one of the at least scores of tuberculosis cures that have come in during the last twenty years has made good. Koch's Tuberculin had the center of the stage at the International Congress in Berlin in 1891, and proved an utter fiasco.

"Then came the use of organic preparations in therapeutics. We had found that thyroid could be used to advantage in the treatment of cases where the thyroid was defective and then arose the question of using extracts of all organs. Once more it was theory that ruled and we had extract of heart and extract of kidney, and extract of liver, and extract of stomach, and of pancreas, and of spleens, and of bone marrow, and all the rest. Wonderful cures were announced from the administration of these—or at least patients seemed to be benefited very much. Of them all, probably only thyroid remains to us as a serious addition to our pharmaceutics, and even with regard to that we are not nearly so confident as we used to be."

He points to the rise and fall of hypnotism and kindred hobbies, to the flash and flicker of X-ray therapy, and says: "Other phases of pseudo-scientific medicine came in connection with radio-therapy of various kinds." He quotes an eminent professor of the regular school as saying, not long ago, that: "The therapeutics of any generation is always absurd to the second generation after its time." And adds: "That is as true for the last generation as it is for any other generation of human history." In other words, our grandfathers were the victims of misplaced confidence and our grandchildren are

to be flogged with the same flail. What a commentary on so-called "scientific" medicine! We quote again from the same distinguished authority as follows: "During the past twenty years, then, we have had many disillusions. We have given up to a great extent the search for specifics. The antitoxins have disappointed us. With some exceptions, few in number, that are still matters for discussion and trial, none of our hopes with regard to curative serums have been fulfilled. In fact, the greater the claim for any therapeutic agent, the surer has been the inevitable disappointment in every feature during the last twenty years of medicine."

The author points out many absurdities in the present practice of medicine and reaches the zenith of his frankness and candor when he says: "We do not hug the fond delusion any more that we can cure disease."

Such, then, is the history of "medical science" as recorded by the authorities of the "regular" school from the beginning of their existence to the present time, and such it will ever continue to be until they cease their "groping in the darkness" and realize that there is a law of cure which leads to success, and that law is the Law of Similars.

Let us turn from the doleful display of defeated desires to the cheerful consideration of the conquests and attainments of our own school. What a contrast it presents! The records of our school teem with the triumphs of therapeutic accomplishment and the method of their attainment is the same today that it was a hundred years hence and throughout all the centuries to follow, for it is based upon a law that is founded upon truth and truth is everlasting and eternal.

We propose to show by irrefutable testimony that the results obtained by the use of the similar remedy based upon the totality of symptoms are superior to those of any other method, and that this is the only mode of practice that has stood the test of time and practical experience. To do this we shall give briefly the outlines and essential features of clinical cases cured by this method, every one of which can be fully substantiated:

Case I. Many years ago a young lad in Scotland was afflicted with consumption. The doctors there pronounced his case incurable and he was waiting for death as the only end of his trouble. A wealthy lady living near became interested in his case and having heard of the wonderful cures wrought by Hahnemann, who was then living in Paris, she obtained the consent of his parents to take him to Hahnemann for treatment. The boy was so weak and exhausted that it was necessary to stop for some days at several places on the way. Arriving in London Sir Andrew Clark, the Queen's physician, was called to see the boy and after a careful examination he said: "He won't live to see Paris." After a rest of some time this distinguished physician was again called and, after a most thorough examination of the patient, said: "Well, the lad may live to get to Paris, but he will never get away." The boy was taken to Paris, Hahnemann was called and after a careful examination, said: "I will cure you." And he did. This boy was Mr. James Young, who died a few years ago at Clinton, Iowa, having been permanently cured of consumption by Hahnemann. He lived and enjoyed perfect health, dying at an advanced age of an acute disease. The writer and many who are here present have seen Mr. Young and heard him relate the facts as herein given, and as the diagnosis was made by many physicians, including Sir Andrew Clark, the Queen's physician, and one of the most eminent men of his day, there can be no question as to the seriousness of the malady or the permanence of the cure.

Case II is recorded by one whose memory every member of our school holds in high esteem and delights to honor—Dr. Carroll Dunham, and inasmuch as the case was one which he himself had failed to cure we have an additional reason for accepting it with implicit faith in its absolute reliability. It was a case of chronic diarrhœa of long standing which had refused to yield to the skillful prescribing of Doctor Dunham and other eminent physicians. Finally Doctor Dunham wrote out the case and sent it to Dr. Bœninghausen in Germany, who prescribed Petroleum two hundred, a few doses of which promptly cured the patient. The most salient feature of the case was that the diarrhœa occurred only in the daytime, never at night. This is a characteristic symptom of Petroleum, diarrhœa only during the day.

Case III. A woman, during her menstrual period, was caught in a rainstorm and thoroughly drenched, which resulted in the permanent suppression of the menses. There was a progressive failure of health and she became confined to bed in a hospital, where she lay for many months, despite the efforts of many doctors who had prescribed for suppressed menses, and even for the rainstorm, but without effect. In the hottest weather in summer she had many blankets and comforters piled on her and, in addition, hot water bottles, and still she was cold. Nothing seemed to help and she was steadily growing worse, when one day Dr. Lippe, being in the hospital, was asked to see her. He said: "She needs Zincum," and Zincum metallicum in a very high potency cured her. There are too many people living who saw this case, including doctors and nurses in Philadelphia, to deny the accuracy of the report or question its reliability. Why did he prescribe Zincum? She complained of a burning pain along the spine, and he observed that there was much twitching and jerking of the muscles. These two symp-

toms are prominent characteristics of Zincum, and in addition it is one of our greatest remedies for the ill effects of suppressed discharges.

Case IV. A woman had intermittent fever which persisted for many months, despite the use of Quinine and other "scientific" prescriptions. Finally she came under the care of a homœopathic physician, but he, too, failed. Unlike many of the latter day leaders, however, he knew that the fault was not in the law, but in himself, and being in Philadelphia he called on Doctor Lippe and related the case to him. Doctor Lippe said Ferrum metallicum was the remedy. So eager was the physician to cure his patient and so fully did he believe in Doctor Lippe's ability as a prescriber, that he wired his son, who was associated with him in practice, to give the woman Ferrum. The son did as directed, gave her Ferrum in a high potency, and she never had another chill. This physician was Doctor Knott, of Monticello, Illinois, who has since died, but his son, who administered the Ferrum, is still in active practice at that place and will vouch for the correctness of this report. Why was Ferrum prescribed? First of all, because the chill came always at 4 A. M., and Doctor Lippe, who was a master of materia medica, said Ferrum is the only remedy having this symptom. The time of onset or aggravation is always one of the most important symptoms. Second, the woman's system was saturated with Quinine, the ill effects of which were one of the facts to be considered in her case. Ferrum is one of the antidotes to the abuse of Quinine. Third, she had in addition to these a prolapse of the vagina and Ferrum is one of the remedies corresponding to this condition.

Case V. This case was related to the writer by the chairman of this bureau, Dr. Ingersoll. It occurred in his practice and he is here to substantiate the report. The patient, a young woman, had appendicitis. The doctor gave her Calcarea carb., and cured her. Why did he give Calcarea carb.? Because she was thirsty, desired to drink much cold water but could not do so as it caused cramps in the stomach. In Lippe's repertory he found the symptoms, "thirst for cold drinks," and "cramps in the stomach from drinking cold water."

Case VI. A private patient of the writer's had eczema for several years involving the dorsal surface of the hand, worse on the left. She was an unmarried woman, aged twenty-three, had always enjoyed good health, and with all efforts we could elicit no symptoms except those common to most cases of eczema, but, as homœopathic physicians, guided by the law of similars, we do not treat eczema or any disease by name, but always individualize and treat the patient. One day her sister called at the office and told us something about the patient. Then we gave her Stramonium, which cured her promptly and permanently and any who desire may see and talk to her about the case, as she lives in Chicago and we will be glad to furnish her name and address to any who wish them. What did the sister tell us that caused us to give Stramonium? She said: "There is a terrible odor of her body during her monthly periods." We knew at once what to give her; Stramonium is the only remedy that has this symptom. Lippe's Materia Medica gives it "During menstruation rank stench of body." No local treatment of any kind was used. If the medicine is similar give it internally. If it is not, do not use it at all. Remember it is the patient we must treat and cure, not the eczema. What would some salve or ointment applied to the eczematous hand have done for the terrible odor of the body at the menstrual period? Treat the patient and when you cure her all her morbid manifestations will disappear, whether it be eczema, bad odors, or what not, just as they did in this case and as they have ever done when the materia medica has been applied according to the practical rules set forth in the *Organon*. Some are fond of asserting that the old school by the use of vaccines and serums have demonstrated the truth of the law of similars. Of course, this is not so, for they seek remedies for diseases, while Homœopathy individualizes each case of sickness and treats the patient, not the disease. But if it were true, of what avail is it that the opsonic index, vaccine and serum therapy, establish the validity of the law of similars if we do not utilize the law to its full extent?

These cases, extending over nearly a century, show that the virility of our law has neither lapsed nor waned. While the "regular" school frankly admits that they have nothing in therapeutics but are "groping in the darkness," we have an unerring guide to the therapeutic goal. Let us then ever strive to become more proficient in the use of our Materia Medica and never forsake the path that leads to success for the profitless pursuit of empty endeavors, nor falter in the faith that fulfills its mission because of the puff and piffle of a passing show. (*The Clinique.*)

Antitryptic Power of Tumors.—Fazio studied the antitryptic power of various tumor tissues (malignant and benign tumors of the epithelium and connective tissue) by means of the methods of Muller-Jochmann and Chiarolanza; with the exception of a carcinoma of the rectum, all the tumors showed inhibition of proteolysis by leucocyte enzymes. Fazio assumes that the tumor cells contained an antiproteolytic enzyme. The last solution used in washing the tissue reacted negatively to the benxidine test, so that the antiproteolytic reaction could not have been due to blood traces.—*H. S. Paine.*

THE STUDY OF MATERIA MEDICA.*

BY FRANK W. PATCH, M. D., FRAMINGHAM, MASS.

THE title of this paper may seem a little ambiguous. It is not intended as an exposition of any special method of materia medica study but rather as a plea for a more comprehensive education in materia medica for students and a more ardent devotion to the subject on the part of physicians.

As a preliminary thought it may not be out of place to recall that in the early part of the nineteenth century the art of surgery was of minor importance, that diagnosis occupied but a shadowy place in medical education, and hygiene was as yet unknown; drugs held a place of chief prominence in the armamentarium of the physician.

The discovery of Homœopathy came out of the wilderness of medicine at that time as a wonderful and beautiful illustration of the application of natural law in the treatment of disease.

While Hahnemann's theories were flouted and the man himself persecuted by a large majority of the medical profession, many of the keener minds accepted his teaching readily and with enthusiasm.

The first school for the training of students in Homœopathy was established in this country in 1835. Instruction was given to a few students by a handful of old world men in the German tongue. From this seed Homœopathy has spread until its devotees are numbered by thousands.

Schools, good, bad and indifferent, multiplied until in the period between 1900 and 1905, when there were twenty-two homœopathic medical colleges in active operation in this country. In all some forty institutions had been established during the seventy years.

The handful of Allentown students had grown in a like period to number an attendance of nearly two thousand, and the graduates in the period between 1900 and 1905 ranged from four hundred and twenty annually.

The forces at work in these years in the medical profession were interesting and far reaching.

Homœopathy itself was a protest, and in some measure through its influence, as one feature, methods of medical education and practice have been revolutionized.

We may think of the years between 1900 and 1905 as the high tide of Homœopathy in America, and may study later developments from that point.

In the period between the introduction of Homœopathy and 1900 we have witnessed the birth of hygiene, the introduction of modern surgical technic, asepsis and better methods of anæsthesia, all contributing to the most remarkable development that the medical profession has ever seen.

As a natural consequence, surgery came to be held in the greatest esteem and the field for its application widened with each succeeding year. Hardly any disease but at one time or another became the subject of surgical exploitation.

In consequence of these great changes it was only natural that many of the older practices should fall somewhat into desuetude.

Physicians, especially those who followed blindly in the track of popular methods of the day, began to look askance at drug usage, and we heard on all sides of the uselessness of medicine in a majority of the diseases we were called upon to treat. While the great bulk of physicians were still using old methods, as illustrated by their polypharmacal prescriptions, the more advanced wing of the profession was teaching the non-usage of drugs in a majority of instances.

Dependence was to be placed upon hygiene and surgical methods.

The homœopathic end of the profession, while distinct from the old school bodies, is nevertheless an integral part of the medical body of the world, subject to all the great waves of feeling which sway a group of men, familiar with the light of the old school as well as their own and in most ways participating in the currents of thought that are prevalent in the general body.

It was only natural, under these circumstances, that there should have been a growing neglect of the study even of homœopathic materia medica.

Physicians of our School were influenced by their brethren of the old school consciously or unconsciously. Progressive surgery became as much a part of the homœopathic school as of the allopathic.

Hygienic measures were adopted more and more frequently, and likewise homœopathic phycians, especially those who had fallen more directly under the teaching and influence of surgeons, became in a large degree sceptical as to the value of drugs in the treatment of disease. In fact, they had little time or opportunity for materia medica study and consequently could understand little of its worth.

Men who practiced strictly according to the law of Similars were looked upon with a certain degree of suspicion; their case reports were often questioned, and it was felt by the many that these men were not keeping abreast of the times.

To be sure, the materia medica branch of our profession may have justly brought upon itself well deserved criticism through neglect to investigate methods which may or may not have been preferable to their own.

Like all such controversies mistakes were made on both sides.

*Read before the Western Massachusetts Homœopathic Medical Society, Sept. 15, 1915.

I am simply stating facts and endeavoring to show the course of events as they appear in glancing backward.

Beginning about the year 1904 or 1905, however, other great influences began to be evident from without as well as within which are now bearing fruit.

In the first place, the matter of medical education has been and is still being revolutionized.

We who practice in one corner of the country can scarcely realize, without a more extended survey than may be had from a limited point of view, the remarkable changes that have taken place in this time.

Again it is necessary to refer to our own especial school merely as a part of the body politic of medicine, impossible of separation from the group.

The combined influence of the American Medical Association through its Educational Council, of our own Collegiate Council, of the Carnegie Foundation and the State Boards have brought about such sweeping changes that the medical students of twenty-five years ago would be entirely at sea in the college of to-day.

Standards of admission have been raised and unified until at the present time, or within one or two years hence, all high class medical institutions in the country will require two years of college work as a preliminary to the study of medicine.

Think of what this one change alone will mean in the course of a generation.

Within the memory of every man present any boy of eighteen who had spent two or three years in an indifferent high school was eligible to the study of medicine. At twenty-one he was graduated,—a full fledged physician. To be sure he may not have had more than one or two confinement cases, or ever have reduced a fracture, yet nobody could gainsay his right to practice, there were no troublesome State Boards to get by at that time.

This condition of affairs was not limited by any means to our own branch, but similar conditions were to be found in the "regular" school as well.

The four years graded course is now required in all medical schools, and a large majority of the students add to this a fifth hospital year which has indeed become a requirement in one or two of the States.

State Board Examiners, in many instances, are already refusing application for examination from any who have not had one or two years of college work preliminary to medical study. This rule is bound to become universal within a few years.

Methods of teaching have also improved and developed. The necessity is now recognized that instruction should be given by qualified men and in the Departments of Anatomy, Physiology, Chemistry and kindred branches full time, paid instructors are the rule.

University connection is desirable for medical schools. Numerous branches have been added and laboratory and clinical teaching have been greatly extended until now every graduate in medicine from a Class A college must have had actual experience in the practice of medicine and in the observation of every form of sickness imaginable through hospital and dispensary facilities.

You may ask what all this has to do with the study of materia medica. It is simply an effort to bring out the side lights which have for many years played on this important topic.

Some ten or fifteen years ago there began to be a more conservative tone in the surgical field. In spite of the great beneficence of operative procedure it was recognized that all disease was not operable. More careful and minute methods of diagnosis and a more careful study of morbid pathology illustrated and defined the actual field of surgery more clearly than had been the case heretofore.

The discovery of vaccine therapy in the old school stimulated experimentation in all fields of medicine to a wonderful degree.

Pathological laboratories improved; microscopical technic and the establishment of highly endowed institutions of research made possible a great advance along all lines.

And right here I want to emphasize again the influence of the general profession upon the study of homœopathic medicine.

Homœopathy in all these years of progress and change had been content to maintain its own standards clinging rightly to the proven methods of Hahnemann. Its adherents had profited by the advance in various medical channels; many adherents of homœopathy, while nominally following the leadership of Hahnemann, had, however, branched out into various methods adopted by the old school from time to time, though the majority had clung to and fought for the purity of the old practice, claiming that nothing had yet been discovered to supplant the methods of Hahnemann in the application of drugs to the treatment of the sick, following these precepts except in the use of mechanical measures applied to mechanical conditions.

We may even state freely today that in all the many fields of investigation nothing as yet has occurred to in any way shake the foundations on which rest our usage of drugs.

The very fact of the existence of the homœopathic school and homœopathic methods for more than one hundred years is in itself fairly good evidence of the practical truth underlying the theory of our practice. What other medical precept can show a like tenacity?

Furthermore much of the recent work in experimental pharmacology in the old school tends

to confirm the work of Hahnemann by means of laboratory tests.

It is here that the crux of these few remarks will be found.

We have clung to our principles, fought our battles, cared for our patients and lived by the philosophy of Homœopathy through these many years.

The days of persecution are over, but the days of absorption are at hand unless we bestir ourselves.

Beginning with the work in vaccine therapy, place it where you will, therapeutic study has been stimulated to a remarkable degree until today work is going on in the old school ranks which might well be done in the homœopathic laboratory.

We may differ among ourselves as to the exact place which vaccine and serum therapy may eventually occupy in their relation to bona fide Homœopathy, but there can be no doubt as to the position of experimentation in drugs which is now going on.

Within the past year a professor in a well known old school medical college has reported his methods with a number of common drugs, several of which are familiar figures in our materia medica.

In his studies he does not, of course, use the term homœopathic, but his experiments were conducted with single drugs in dilution and the observations made were similar to our own.

He obtained the pollen of certain plants from which he made with alcohol what he calls a "stock solution" or what we should call a mother tincture. From this he made dilutions of greater or lesser strength which he uses in the treatment of disease.

An interesting observation in connection with his experiments was his method of determining the sensitiveness of the individual patient to a given drug through applying the extract to the skin and observing the amount of irritation resulting from its use. The absence of this skin reaction proved to him the non-applicability of a given drug to the individual or, in other words, a want of homœopathicity existing between the drug and the individual.

His methods, in many ways, might seem cumbersome in comparison to our simple plan of proving, yet the results are not far different. He has as yet developed no systematic method of observation which can aid him to individualize in the application of drugs to patients except through the skin reaction. He has evidently not grasped the underlying principle, and it goes without saying that the medicines were given hypodermatically. The results, however, were good though rather impossible of application by the ordinary practitioner on account of the cumbersomeness of the methods employed.

It is most significant, however, as an example of the materia medica study that is going on outside the realm of the homœopathic school and should point emphatically to the fact that Homœopathy is rapidly being rediscovered through the laboratory by our friends who have heretofore stood aloof.

The energy and ability that is being shown today in the old school laboratories is a stimulating example and should prove among other things that if ever there was a time when homœopathic physicians should insist on the value of their well known and well proven methods of drug usage that time is today. It is early to forecast the future.

The influence of infinitesimals on the human body has been proven over and over again in recent years outside of our own especial field of medicine.

A knowledge of the value of drugs in small doses is no longer limited to Homœopathy.

Recent and manifold studies have proven beyond a doubt, even to old school physicians, the value of the single remedy. They are no longer teaching the use of conglomerate prescriptions, and a homœopath who alternates his medicines or gives remedies in combination would not today be tolerated by thinking old school men who are modern in their practice.

However, let us not sit back complacently in self satisfaction now that we begin to see glimpses of the possibility of some degree of acceptance of our methods by the profession at large. Self-complacency has been our undoing more than once in the past. Vigorous aggression should serve us better in the time to come.

In the evolution of medical education recently mentioned the number of homœopathic colleges has been reduced from twenty-two existing in 1900 to ten, and of this ten two are simply homœopathic departments of old school institutions.

Our graduates now number less than two hundred annually, not enough to take the place of the older men who drop out from year to year; but this need not be a disturbing element.

The colleges which have survived the great upheaval of the past ten years, which has been not less apparent in the opposite school, are our strongest and most dependable institutions. It is more than possible that this number may necessarily be even further reduced in the future. Be that as it may, it is evident that our best institutions are going to survive.

Now there is only one possible reason for the existence of any homœopathic college, which is that Homœopathy may be taught. In other words, that we may have instruction in materia medica and therapeutics from the homœopathic point of view in all departments where questions related to applied therapeutics arise.

As far as preparatory work is concerned there

is no difference in the teachings of any first-class medical college of either school.

Anatomy, physiology, chemistry and all the great foundation sciences of medicine are possible of only one interpretation. The wonderful art of diagnosis is not influenced by the handling of drugs; no more is preventive medicine, the coming big field of the profession. The specialties differ only in as much as they are capable of being influenced by the application of therapeutic measures.

Homœopathy is a system of therapeutics, of drug usage, and deals with the proving of drugs on the healthy and the application of drugs to the treatment of the sick. As this application is concerned directly or indirectly with many branches of treatment it is undoubtedly for the best interest of our art, for the present, that it be taught in so-called homœopathic colleges, and if it is to be taught let us see to it that the institutions now remaining shall be valiantly supported and especially that the teaching of materia medica shall be on a basis of purity and efficiency and that the application of Homœopathy to the treatment of disease be illustrated through all possible clinical means and that the advantage of our methods be shown from day to day at the bedside and in the clinic.

Furthermore, let us see that our chairs of Homœopathy are at least as well endowed as our chairs of anatomy and physiology, in order that there may be money to develop suitable laboratory instruction that shall be on a par with that of the best institutions of any school.

The time has come when no homœopathic physician need be ashamed to look a brother member of the profession in the face with the affirmation that he is proud of his lineage. The time has also come when our schools should be sufficiently endowed and our laboratories equipped and our men so trained that we do not have longer to depend upon outside sources for investigation and confirmation of our work from the laboratory as well as the clinical point of view.

And all this depends more largely on the attitude of the homœopathic profession in general than upon any other possible influence.

The schools must rely upon their alumni for students, and the character of the students is largely determined by the profession at large which has an opportunity to influence the right kind of young men to join our ranks and to see that they are in line to become thoroughly educated and equipped.

The rapid advance in the standards of medical education in recent years has naturally had a large influence in diminishing the number of students, and while it may be true in old school fields that the number of physicians is still beyond the natural demand, it is not true in our own immediate field, for inquiries are constantly had for homœopathic physicians to fill vacancies in communities where a lucrative practice is to be assured.

Hospitals are finding it difficult to get internes from our ranks, and, generally speaking, the opportunities for success were probably never better than today.

Yet no matter what may be our advantages in the possession of a knowledge of Homœopathy, the inquiry today is not of the school to which a physician may belong, but is he thoroughly educated and up to date; and so if we are to compete in the struggle for supremacy we must insist not only upon superior instruction in consistent Homœopathy which includes the philosophy of our practice and a knowledge of materia medica and its application.

Without this I believe our institutions are doomed, for while no education in Homœopathy can be of the slightest value that does not include equal proficiency in all kindred medical branches, likewise no homœopathic institution can survive very long under present day conditions if it fails to instruct its students in pure Homœopathy, the foundation on which our whole structure rests.

The men in close touch with the colleges now realize this fact and are striving with all possible effort to fulfill their trust, but they need the untiring support of the men in the field and they need money with which to further develop their great work. (*N. E. Med. Gazette.*)

The Decomposition of Formates by Bacillus Coli Communis.—The poser of B. coli communis to decomposition HCOOH varies considerably when the organism has been kept for some time either acid or alkali, and, therefore, a greatly increased decomposition of formates results if glucose is added, since the acid produced from the sugar neutralizes the alkali from the formate. A method and application are described by which the decomposition of various substances by microorganisms may be followed quant. requiring only 50-100 cc. solution. It is suggested that in place of solution of H.COONa a mixture of HCOONa 0.5 per cent. and glucose 1.5 per cent. should be used as a test of a gas-producing strain, since by this means the production of gas from formate is greatly increased; the test could be used as a criterion as to whether an organism, which has been recently isolated from some natural source and produces no gas from glucose peptone H_2O may be regarded as having been recently derived from a gas-producing strain. Formates may be conveniently used as neutralizing agent, and thereby the activity of gas-forming organisms considerably increased.—*A. T. Cameron.*

THERAPEUTIC OBSERVATIONS.

BY W. N. MUNDY, FOREST, OHIO.

THIS subject is always of interest to physicians of the liberal schools of medicine. Why? Because we believe in the efficacy of drugs given internally. You may say we are empirics, yet some of the best attested facts have been learned empirically.

At present the vegetable or American materia medica is occupying the center of the stage of action. For a time, at least, German synthetics, which for the past few years have practically deluged the medical profession and have nearly annihilated all attempts at a rational study of therapeutics, must take a back seat. The medical profession for several years past have swallowed without even a grimace every synthetic placed upon the market, just so it came from Germany and now that the supply has ceased, they find themselves compelled to study anew their therapeutics.

The movement has become so general that we find articles pertaining to the study of "The Drug Plants of America," in allopathic journals. For instance, the October issue of both "The Medical World" and "Medical Council," say it is a good time to turn to our native plants and give them, what they have never yet received, a real scientific and fair trial. The Medical World says, "There is a journal issued by men who specifically study native therapeutics." He mentions Lycopus, Phytolacca, Polymnia, Serpentaria, Cardius, Lobelia, Agrimony, Passiflora, Echinacea, Hamamelis and Verbena, and finishes his article by saying, Eclectic Materia Medica books will supply information as to the use of various Eclectic preparations. Under the caption "American Therapeutic Notes," the Medical Council calls attention to the American Cascara sagrada, Podophyllin, Serpentaria, Chionanthus, Juglans, Echinacea, Salicylic acid from oil of wintergreen, Thuja, Uva ursa, Triticum, Erigeron, Eupatorium, Viburnum prunifolium and Opulus, Helonias, Mitchella, Aletris, Caulophyllum, Polygonum and Gossypium. In calling attention to the uterine remedies, he concludes thus: "A number of proprietary preparations contain them and Eclectic books describe them in detail." Can it be possible that after seventy-five or more years of vilification and misrepresentation the Eclectics are finally to come into their own? It would certainly seem so, when the Journal of the American Medical Association, in an editorial, would comment thus: "We emphasize a principle. The principle applies to all diseases. There is no specific remedy for typhoid fever. Even the diet of the typhoid patient must vary according to conditions. The same is true of pneumonia. What will benefit one pneumonia patient will injure another. Those who conduct the so-called practical journals, and the readers of these journals who love so-called practical matter, should note that more is required of the physician than a diagnosis of the disease by name only. The doctor is supposed to treat not a name, but the individual patient and the particular conditions in that patient. What is best for each patient must be settled first by determining the actual pathological conditions in the individual affected." This quotation has a remarkeably familiar sound or jingle. It reminds me wonderfully of my student days of 1881-1882 and 1882-1883. I can almost see our old teacher in my imagination as I read these lines. Every Eclectic work on Practice or Therapeutics emphasizes this teaching and yet it has taken fifty or more years for our friends to come to a realization of this essential fact to the successful application of therapeutics. Consistently and persistently the Eclectic school has maintained that remedies have a two-fold action, a poisonous and a remedial action. That the physiological action of a remedy upon a sound body is different from a remedial action upon a diseased body. Moreover, it is not necessary for a remedy to have a poisonous action in order to have a remedial one. Many or quite all our foods have no poisonous action, save only when eaten to engorgement, yet they serve the purpose of rebuilding tissue and maintaining life. Viburnum prunifolium, which I prescribe with as much assurance as I do Morphine hypodermically, has, so far as my knowledge goes, no poisonous action. Yet it is tabooed by the Council of Pharmacy, because it will not kill guinea pigs or rabbits. And so I might go on indefinitely with our Eclectic materia medica. Some of the remedies mentioned above by our allopathic friends are unknown to me therapeutically, having never used them. Yet those I have used have served me well and my faith in them after nearly a third of a century of experience is not shaken in the least. I feel that what I have learned practically and from repeated observations at the bedside is as well an attested fact as any number of experiments upon guinea pigs or rabbits. Our school has now an opportunity to prove its claims, such as it never possessed before. Others are looking instinctively to us for relief. Serums, vaccines, bacterins and hormones will not fulfill the need. It is up to us to restudy our therapeutics and put it upon a firmer basis if possible.

Have you renewed the study of any remedy during the summer systematically? I have some, but not as much as I should. At our State meeting a comparative study of the therapeutics of diphtheria was offered for consideration, fortified by figures. Recently I had an opportunity to note the effects of Phytolacca and Iris in goitre, not exophthalmic goitre, but simple goitre. A series of several cases were treated

by the internal administration of Phytolacca and Iris and the application of the galvanic current, with a positive decrease in size, in one patient, to the extent of one and three-quarters of an inch. Added experiences in the use of Apocynum in sciatica have confirmed its usefulness. It is also of value in tic.

Solanum Carolinense has been used during the summer in whooping cough with most excellent results. Cactus, Digitalis and Strophanthus have been studied with an attempt to differentiate their use in heart lesions. To do this, they must be prescribed singly. Conium maculata, Scutellaria and Macrotys have been tried in chorea, but not to a sufficient extent to personally justify any prediction. And so I might go on reciting various remedies that have opened up new fields to me.

Some of my younger friends may say "This is not scientific medicine; it is empiricism." We will grant that it is, yet it is just as scientific as the administration of mixed serums or polyglandular hormones. A repeated therapeutic result is as well established as an occasional cure with any serum.

So I plead for a restudy of our materia medica. A careful compilation of well-established results and you will be surprised at the certainty it will bring to you in practice; not only a certainty, but a satisfaction as well. Do not use mixtures or compounds, but the one remedy in a well-defined condition. Tabulate your results and study them and a new field will be opened to you. The time and opportunity is now before us, yea, a necessity, and it only remains for us to seize it. I guarantee you your success will be as good as any who rely solely upon the serums. It will surprise you. To thus employ your therapeutical knowledge, a careful and correct diagnostic ability is necessary. No haphazard methods will suffice.

Since writing the above an article appeared in the Cincinnati "Lancet-Clinic," of November 11, entitled "The Immediate Future of American Pharmacy." It is from the pen of Dr. J. M. Francis, of Detroit, chemist for Parke, Davis & Co. This journal, which claims to be the most ethical of the ethical American journals, says it is authoritative, as it comes from one who is acquainted with both the scientific and commercial side of the subject.

The author claims "that American pharmacy and medicine has always been dominated to a greater or less extent by Europe, and one potent reason why American drugs have not been more fully recognized is the conservatism of American physicians, who, generation after generation, continue to specify the educts of European drugs, thus creating a demand which the American pharmacist is forced to fill whether or no." He then proceeds to contrast Cannabis sativa, the American plant, with Cannabis Indica, the former being equally as efficacious as the latter, though the physician invariably prescribes the latter. It must be recognized, however, that European products of a synthetic nature are protected by patents and hence cannot be duplicated by the American manufacturer.

He then gives his attention to drugs, one of the most prominent being the Cannabis Americana, already referred to, which is grown in very large quantities in certain portions of the United States, especially Kentucky and Minnesota. He claims a sufficient amount could be collected in the United States to meet the entire demand of the American continent twice over. Stramonium, which Eclectics have long recognized as possessing efficacy, grows as a common weed throughout the United States. He claims it is a substitute for Belladonna and Hyoscyamus and that it contains Mydriatic Alkaloids, Hyoscyamine, Atropine and probably a small amount of Hyoscine. Practically all the Belladonna used in this country is imported, yet it can be grown in this country and of the very finest quality. He refers also to Gelsemium, Digitalis and Ergot. There is no perfect substitute for Digitalis, yet it can be grown of as perfect quality as any imported from Germany. The writer claims he has seen as active samples physiologically, obtained from the wild plants gathered in California, as the best drug imported from Germany. Ergot, we know, can be obtained in this country, but the question of labor employed in its collection is all that precludes the use of American Ergot. Our writer assures us he has demonstrated it to be as active as the best samples of the Spanish variety.

Viburnu mopulus, Burdock, Dandelion, Aletris, Thuja, Veratrum viride, Asclepias, Hydrastis, Hamamelis, Solanum Carolinense, Phytolacca, Pulsatilla anemone, Eupatorium purpureum, Rumex and Sanguinaria are among the crude drugs recommended by this writer to American physicians for study. Save Stramonium only, he gives no credit to Eclectic physicians for their investigation of these drugs, yet the action of each and the uses of them as recommended by him are identical to those found in every Eclectic work on materia medica.

To those of our number who think the mission of Eclecticism has been fulfilled, we recommend the perusal of the articles mentioned and methinks that after a careful reading of them they will conclude that Eclectic therapeutics is just beginning to come into its own or to obtain recognition. Possibly, yes, probably, we will receive no credit for our labors, but the truth still remains, they are appropriating our thunder and we will have the extreme satisfaction of knowing we were right, even though maligned. Truly "a prophet is not without honor, save only in his own country." (*Eclectic Med. Journal.*)

CONSTIPATION IN EARLY LIFE.

BY CRAWFORD R. GREEN, M. D., TROY, N. Y.

CONSTIPATION in early life is not only one of the most difficult conditions to manage, as is generally acknowledged, but it is also probably the most neglected of all conditions in proportion to its importance. A gastric disturbance, a skin eruption, a bronchial cough will upset a household and evoke prompt measures for relief; but an habitual constipation, the results of which may easily be of far greater importance than those of all three such conditions, quite frequently receives no consideration beyond the employment of enemata, suppositories, and castor oil.

In the past few years we have gained a vast amount of useful knowledge concerning the deleterious effects of the constipated habit in adult life. The lay mind is gradually becoming educated with regard to the far-reaching effects of autointoxication from this cause and is acquiring an appreciation of the irrefutable fact that good health depends in a large measure upon the free elimination of waste material from the intestinal tract. It is, therefore, a singular fact that so many of those who are the best informed upon this subject give it scant attention when it has to do with infancy, and make but little effort to attain a proper understanding of the causes and effects of the condition in early life. Somehow constipation in infancy is considered by many to be merely a minor matter that will be outgrown, provided the baby is otherwise well. On the other hand, there are many who do apply to their children their fears of autointoxication (though they do not know it by its name), and are continually dosing them with purgatives even when the bowels are normal. These castor oil babies are like their adults who are continually taking salts, preys of pernicious habit! It ought to occur to any one that if a perfectly normal intestinal tract needed castor oil twice a week to keep it normal, nature would have put the oil there in the first place and would not have made it necessary for us to buy it at the drug store and pour it down the child's throat!

It is true that constipation in certain cases does have to be outgrown. After birth the large intestine rapidly becomes longer in proportion to the length of the body and this condition continues until near the end of the second year when it is often four or five inches longer than the body. When the child is 3 or 4 years old, however, conditions will have changed so that the large intestine is 5 or 6 inches shorter than the body. It follows that this great length of the large intestine in infancy must result in many folds and turns and kinks which necessarily make it difficult for the intestinal contents properly to be evacuated. But as the child grows older the rapid growth in length of the abdomen straightens out these folds and kinks and thus nature removes this cause of constipation.

The detrimental effect of constipation in childhood is at least as great as it is in adult life. The causes may differ and the results may vary, but in each case it should be considered with equal concern. Familiar phenomena of intestinal autointoxication such as colic, flatulency, anæmia, loss of weight, periodic attacks of vomiting and convulsions are frequently traceable to no other cause than constipation. In addition to this usual picture, constipation in early life may result in eruptive diseases of the skin, prolapse of the rectum, swollen glands, interference with the action of the diaphragm, and disturbances of the heart and visceral circulation. Constipation may result so definitely in malnutrition that the baby becomes positively marantic. It frequently produces severe attacks of vomiting, repeated convulsions, and screaming from the intestinal disturbances resulting therefrom. Very often we search for an obscure cause for these conditions when the only cause, constipation, stares us in the face. For whatever suffering these effects of constipation during early life may be responsible, the eradication of the cause is essential to subsequent health. Habitual constipation follows a direct path to chronic invalidism and sows the seeds of premature senility.

The cause of constipation is not always easily ascertained nor its certain removal attained; but in the vast majority of cases an intelligent understanding of the subject will lead to immediate or final cure. In infancy, constipation is far more common among the artificially fed than among the breast fed, but it does appear in the breast fed with considerable frequency. In most of these cases there is some disproportion of the elements of the mother's milk which produces the constipation; but in other cases there may be most persistent constipation, and yet an analysis of the mother's milk shows it to be absolutely normal. The mothers of these latter babies are almost always habitually constipated, and it is assumed that in the infant there exists an atony of the intestinal musculature of an hereditary type. If the constipated infant be breast fed, the mother's bowels should be regulated, she should take regular exercise, her milk should be carefully analyzed, and her diet should be regulated according to the results of the analysis. Her milk may be either deficient or too rich in fat, either of which condition may produce constipation. It is usually considered that it is a deficiency of fat that is the cause of most of these cases. The writer has analyzed the milk of many mothers of constipated breast-fed children and found that by far the greater number of them secreted milk altogether too rich in fat, and that the constipation of the babies was due solely to fat indigestion. In cases where the fat is moderately deficient or where it is increased,

the condition can usually be improved by adding or removing fats, sugars, and starches to or from the mother's diet as the case may demand. In cases where this treatment will not altogether suffice, the appropriate use of fruit juice, of olive or paraffine oil, or the giving of an ounce of oatmeal water before each feeding may prove of considerable service. Pineapples eaten freely by the mother will often have a very desirable effect upon the infant's bowels. It is generally considered desirable to give the breast-fed baby one bottle daily of an artificial food in order to accustom the baby to taking a bottle, which is most desirable in case weaning becomes suddenly necessary for any reason, and also in order to give the mother greater liberty of action. In the case of a constipated baby who receives one bottle a day in this manner, the substitution of a bottle containing malted milk in the proportion of 4 teaspoonfuls dissolved in eight ounces of hot water is indicated. This food, given in this way, provides adequate nourishment, and the maltose has a very desirable laxative effect.

In the bottle-fed infant the correction of constipation in the majority of cases depends, as in the case of the breast-fed, upon an exact understanding of the component parts of the baby's dietary and their effect upon digestion and metabolism. Sometimes constipation is the result of a deficiency in the amount of sugar, sometimes a deficiency in the amount of fat, sometimes a deficiency of water. The largest number of these cases, however, are the result of fat indigestion. There can be no doubt that a very large proportion of bottle-fed babies are fed on altogether too high percentages of fat, and one of the earliest results of such feeding is the production of constipation. These infants may or may not have a normal number of evacuations, but the stools are pale gray in character and so dry that frequently they roll off the diaper without staining it, they are passed with difficulty, and the urine is ammoniacal and stains the diaper. In the cases due to a lack of sugar, fat, or water, or to an excess of fat, the indication is clear—to correct the error. In some cases this is all that is needed; but in many others the constipated habit is so firmly fixed before dietary correction is undertaken that other measures are necessary in addition.

While in many cases the indications for a given corrective treatment are obvious, in others we can bring no definite knowledge to bear upon the subject beyond empirical recourse to a number of different methods that have proven their worth. The use of oatmeal gruel or jelly as a diluent in the milk mixture is one of the most common and efficient methods of treatment. It is often asserted that the use of cereals as diluents previous to the fourth or fifth month is not permissible. Experience teaches, however, that in many cases cereals are digested and well borne in the very first weeks of life. It is likewise considered by many that the fifth month marks the time when fruit juices should first be given. With many habitually constipated babies of four or five weeks, from one-half to one teaspoonful of orange or pineapple juice, on an empty stomach, acts admirably as a laxative and without the slight unpleasant effect. Prune juice is often useful, as is the liquor obtained by boiling two figs in two ounces of water.

The use of sugar or malt preparations is frequently of service. A 5 per cent. sugar solution in water will sometimes act admirably, or, as recommended by Still, the substitution of brown Demerara sugar in place of milk sugar. The substitution of one bottle of malted milk for one of the regular feeding formula is often used by the writer with good results. In other cases in very young infants good results follow the use of one-half teaspoonful of malt extract or one teaspoonful of Loefflund's malt soup to every feeding. The results from malt soup require particular study, for while one baby will have excellent results from one teaspoonful added to one feeding daily, another may require one teaspoonful in every feeding.

In children over a year even better results can be obtained through attention to the diet alone than in infancy because of the greater variety of the diet. Children between one and two are especially apt to be constipated from being kept on a too restricted diet. These children should be given purees of green vegetables such as peas and spinach, and their diet should include cereals of various kinds, especially wheatena, hominy, oatmeal, corn-meal, granum and rusk. Whole wheat bread and bran biscuits are of frequent service, as are also fruit juice, meat broth and beef juice. Reducing the milk and giving 3 or 4 ounces of thin cream often benefits at this age. All fermented milks are laxative, but they cannot be given in large amounts without producing colic. Prunes stewed to a jelly in sugar and water are very useful. It must be remembered that bread, macaroni, potatoes, and most of the starches tend to constipate. It should also be borne in mind that many children are constipated solely because they do not drink sufficient water.

Drug treatment should be avoided as far as possible. Castor oil, calomel and salts should not be given for constipation, for they are cathartic in action and merely tend to aggravate the condition. Many a case of habitual constipation in adult life can be traced directly back to the continued and needless administration of cathartics in early life. Any one who sees a large number of children constantly witnesses exhibitions of almost unbelievable stupidity in this regard. When drugs do seem necessary, they should always be selected with a view to securing a continued tonic effect upon the intestinal musculature. During the first half year the milk of mag-

nesia, one teaspoonful added to a morning bottle or given before nursing, is sometimes an excellent corrective. It is particularly useful if the infant suffers much from colic, but it should not be used longer than necessary. Aromatic fluid extract of cascara sagrada, ten to thirty drops, has an excellent tonic effect and gives valuable service in many cases. In the writer's experience, cascara in thirty drop doses every second or third night has given particularly good results in the second year of life. In older children a teaspoonful of maltine with cascara sagrada to be given in the morning, or phenophthalein, one-half or one grain, preferably administered in the form of a sweetened wafer, gives much benefit. In older children also, powdered agar-agar, 3 to 4 teaspoonfuls mixed with cereal, is frequently of service.

In the youngest infants mechanical measures are often to be preferred to drug treatment when assistance is imperative. Suppositories of soap, glycerine or gluten are frequently used. They are at times permissible, but they should not be used continually because of the irritating effect upon the rectum. Gluten suppositories are less irritating than are those of soap or glycerine, but they are slower in effect. Enemata of soap suds are very commonly employed, but often work harm because of the large amount needed in many cases to produce results. The injection of an ounce of warmed sweet oil is much to be preferred. For immediate effect an injection of one or two drams of glycerine in one ounce of water proves useful. Persistent massage of the abdomen along the course of the colon is recommended, but it usually gives unsatisfactory results.

By far the best mechanical treatment is the internal administration of white mineral oil, in amounts from a dram to a dessertspoonful one to three times daily. White mineral oil is unabsorbed and acts simply by mixing with and softening the fœcal mass and providing a lubricant to the intestinal tract. As a rule, the amount given can be gradually reduced as soon as favorable results ensue.

Not infrequently cases are observed in which the cause of the constipation is a tight sphincter muscle. Such cases can usually be corrected by the simple expedient of stretching the sphincter by dilating it with the little finger of mother or nurse. The little finger, anointed with olive oil or vaseline, should be inserted into the rectum by a gentle rotary motion. After this procedure has been carried out for a few successive days the constipation of these cases usually disappears.

There is no doubt that to a large extent constipation in early life has been sadly neglected and woefully mismanaged by physicians and laity alike. In every case its importance should be recognized, its cause diligently sought for, and its treatment persistently prosecuted. (*N. E. Med. Gazette.*)

INCURABLE DISEASES.

BY ELI G. JONES, M. D., 1404 MAIN STREET, BUFFALO, N. Y.

IN all the books that I have written in all my articles for medical journals, in all my "talks" to my students, I have never mentioned such a thing as an *"incurable disease."* If our doctors in this country could go to sleep some night and forget all about such a thing as an *incurable* disease, the world would be very much better off. An incurable disease has the same effect upon the average physician as the children's "bugaboo" has upon them, they are *afraid* of it. Many a man and woman has gone down to an early grave because some physician followed *blindly, slavishly,* the authorities of his particular school of medicine. As one young physician said to me: "The fathers of medicine have said that the disease is incurable, therefore we have no right to try and cure it." If the authorities of one school of medicine teach us that a disease is incurable, let us *not* be discouraged, but continue our investigation until we find a remedy that will cure the patient. There is a remedy *some* where for every disease, and it is my business and your business to try and find it else we have *not* done our whole duty by our patients. In a case of acute general peritonitis in a woman of fifty-six years old my textbooks on Practice of the Regular, Eclectic and Homœopathic School gave the prognosis as "invariably fatal within a week." Had I been like the average physician I would have given the case up as past curing, but in the "Biochemical Practice" I found remedies (Ferri phos. and Kali mur.) that helped me cure my patient. Thus it is in the treatment of the sick we have the remedies from *five* schools of medicine to draw upon. With *all* these remedies at our command we are *well* equipped to battle with disease in *any* form. We can say, as in the Talmud, "I know my *power* for I have learned from many teachers." During the year physicians from *all* schools of medicine write to me for advice about *difficult* cases. If I was not familiar with the remedies of the different schools of medicine I could not be of any help to them. To know the *definite* action of remedies, to *know* just what each remedy will *do* for the sick we must study the materia medica of *all* the schools of medicine. In this we learn *all* about *each* remedy and can find the *true* indication of each remedy. It enables us to prescribe for the sick *intelligently, rapidly* and *successfully.* It beats the old "shot-gun" practice every time. As one physician said: "It is *fun* to practice medicine when you know *how.*

but it is *hell* when you don't." I can say Amen to that brother, for I practiced the old school system of medicine long enough to find out that they were strong on *theory*, but *weak* on *cures*. I have noticed, each year, our State and national medical societies, at their annual meetings, declare this or that disease "incurable." The reports of these medical meetings are given to the press and published broadcast over the country. It is a law in military science that we should never *expose* a *weak* point to an enemy, yet this is just what our profession are constantly *doing* when they allow such reports of *incurable* disease to be given to the public press.

By all means let the public know what you are *doing* to *cure* their diseases, but for heaven's sake *don't* tell them what you *can't* do, for such reports are just so much ammunition given to the Drugless Healers with which they will encompass *your own destruction*. All reports from a medical society should be *censored* by the Press Committee before they are given to the press. I asked a prominent physician to prescribe for my case. He said: "If doctors could *cure* such cases as yours, the undertakers would not have any business." He thought that was very funny, but by *that* statement he *lowered* himself in my estimation 100 per cent., he showed his own *weakness* and the *weakness* of the school of medicine he belonged to. Every time a physician writes a paper for a medical society, or for a medical journal, about an *incurable* disease, he makes a *confession* of his own weakness, his inability to cure the disease and casts a reflection on his *own* school of medicine. A lady came to consult me; she was steeped on Osteopathy. It was her favorite topic for conversation. She asked my advice about a certain disease. Had I been like the average physician, I would have said: "Madam, there is no cure for that disease known to medical science." but I have learned *wisdom* by years of experience. So I turned round to my desk and wrote the address of a doctor on "a card and told her to consult him, that he made a business of treating cases like hers." In this way I was careful *not* to furnish any ammunition to the drugless healers. I never argue with *that* class of people, I always tell them that "they have just as much right to their opinion as I have to mine, that all forms of healing by drugs or without must stand or fall upon its *own* merits. The public sit as a jury, and they will sift the evidence, and you can depend upon it that their verdict will be a *righteous one*."

Be *careful* what statements you make to a brother physician of any school lest the *evidence* be used against you, and the school of medicine with which you are identified. Carry the impression wherever you go that you have *absolute* confidence in *yourself* and absolute *faith* in your *remedies*. "As a man thinketh in his *heart* so is he." You can't make the public believe in *you* unless you *show* them by your *talk* and by your *manner* in the office and in the sick room that you have perfect *confidence* in *yourself* and in *your remedies*. This is the foundation upon which *every* doctor must *build* if he expects to *succeed* in his profession.

I have, in my time, studied different forms of drugless healing, for I felt that if there was anything in them that would help me cure my patients I wanted it. In this way I took up the study of Mental Science, Christian Science, Magnetic healing, Osteopathy, Therapeutic suggestion, and I took a *personal* course of instruction on Hypnotism, under one of the *best* teachers in this country, one who had been a student for three years of the great Bernheim, of Paris, France.

I found that *all* forms of drugless healing have their *limitations*, and it has made me have more *faith* in the *remedial* source of drugs to treat the sick than *ever* before. I have *never* known a physician who was *well grounded* in materia medica to ever become a drugless healer or medical nihilist. A doctor who *knows* the materia medica of *all* schools of medicine need to have no *fear* of *competition* with any form of drugless healing; he can beat them *every* time.

PHYTOLACCA DECANDRA.

BY W. A. DEWEY, M. D., ANN ARBOR, MICH.

PHYTOLACCA is an American plant, but it has been introduced into Europe by cultivation and escape therefrom. It is a stout perennial herb with a purplish hollow stem, four to eight feet in height, one to two inches thick. It blossoms July to September, bears a dark purple, juicy berry. We use a tincture from the fresh root.

The earliest mention of Phytolacca in medicine is by an American writer, Rev. M. Cutler, in 1784, and is to be found in the memories of the American Academy of Arts and Sciences, p. 447, published in Boston, Mass.

The next mention is Schoepf, in his Materia Medica Americana, published in England, in 1787. Schoepf was a surgeon to the Hessians, who were hired to come over and be defeated by Washington in the battle of Trenton who, luckily, escaped with his skin.

Phytolacca is next mentioned in the Inaugural Dissertation of Dr. Benjamin Schultze, of Philadelphia, in 1795, the only existent copy of which is in the University of Pennsylvania Library.

Stearns' American Herbalist on Materia Medica gives the following:

"Extract of the leaves of Phytolacca or the berries destroys cancer; the leaves are anodyne, the juice of the whole plant is sharp and corrosive. It is useful in Cancers, Ulcers, Rheumatism, Venereal Diseases, Itch and Herpes."

That Hahnemann was a physician up to date at his time is proved even by references to this drug for, in 1796, he writes:—

"The symptoms produced on man by the Phytolacca decandra deserve to be particularly described. It is certainly a very medicinal plant. In animals it causes cough, trembling and convulsions." Evidently Hahnemann was familiar with Schoepf's Materia Medica Americana.

Phytolacca gets its name from *Phuton*—a plant, and *Lac*, pigment, so-called in allusion to the high color of the juice of the berries. Decandra means ten stamens. There is another variety called Octandra. The common name, Poke-root, is from Pokan, an Indian name for the plant, and we read that the Cherokee Indians employed the root and berries for rheumatism and dressed their venereal ulcers with the powdered root. It is also called in some localities *Garget*, because of its domestic use in caked udders of cows.

TOXICOLOGY.

There have been numerous cases of poisoning by the plant with tolerably uniform symptoms resulting. A family of seven had it served, mixed with horse-radish roots; five ate of it and were poisoned, the other two had no symptoms. The symptoms produced were dryness of the fauces, vomiting with intense pain, and dysenteric stools.

Another case poisoned from chewing the root and swallowing the juice suffered from stomach distress, nausea and vomiting.

Dr. Thayer relates a case of getting the juice into the eyes and the production of copious lachrymation.

It produced painful nodes on the scalp which are especially sore, painful blotches on the skin.

Antidotes are said to be milk and salt. The old school dose of the fluid extract is M. v. to drams 1 and of the tincture Mx to drams 1.

It was proved, at the Allentown Academy, in 1835, by Drs. Baner and Hering and, later, by Drs. Jeanes, Williamson, Smith, Kitchen and Neidhard; an heroic proving was made by Dr. Grasmuck, of Kansas, by taking Poke-root and whiskey.

Jahr's Symptomen Codex, published in 1848, mentions the fact that families have been purged by eating game fed on the berries, and Hale, who, in his New Remedies, introduced the drug anew, asserted that birds fed on Phytolacca berries grew thin, hence arose, fanned by pharmaceutical commercial instincts, the alleged antifat properties of the Phytolacca berry and its advocacy in obesity. Quite a pharmaceutical literature was issued in its behalf, but ornithologists who have made extensive experiments with the drug deny that it causes any loss of flesh. Reports from the Smithsonian experts assert that they never saw an emaciated bird due to the effects of the Phytolacca berry.

An interesting item then is to be found in the analysis of the ash resulting from evaporation and incineration of Phytolacca tincture or fluid extract; it shows a residue of 8.4 per cent. of inorganic constituents; of these 6.8 per cent. are soluble and consist of the salts of potash, the insoluble remainder, 1.6 per cent., consists of Calcium, Iron and Silica. Millspaugh states that potash salts exist in such large amounts in its root that some thought has been devotel to the advisability of its manufacture from the roots. According to Rafinesque, 100 pounds of the ash yields 45 pounds of caustic potash. If we compare the pathogenesis of Phytolacca with the biochemical application of these salts we shall see a striking and significant analogy. The major part of the symptoms of Phytolacca correspond with those of the potash salts.

Much has been written lately of the remarkable cures wrought by the use of deep sea water in marasmus.

The constituents of sea water are, first, Chlorine and Sodium, which constitute 84 per cent. of the bodies in solution; second, Sulphur, 7 per cent.; Magnesium, 3.5 per cent.; Potassium, 2 per cent.; Calcium, 1.5 per cent. This makes a total of 98 per cent. There is also, in sea water, Bromines, Silicon, Carbon, Ammonium, Iodine, Iron, Manganese, Phosphorus, Lithium and, in exceedingly minute doses, Arsenic, Copper, Silver, Gold, Zinc, Strontium, Barium, Cæsium, Rubidium, Aluminum, Lead and Cobalt.

With the exception of four or five of the rarer metals the composition of the human blood is practically identical as regards salts with sea water.

If these minutest quantities of salts found in sea water will correct malnutrition, as is amply proven, why may not the constituents of Phytolacca give us some clue as to its action?

The coloring matters of the berries has been experimented upon somewhat as a dye. With Alum it is fast, but not permanent, with urine it gives a blue color.

General Action.—From the cases of poisoning reported and from the provings, we find the following are its centers of action:

1. Mucous membranes.
2. Sero-fibrous tissues.
3. Glandular system.
4. Skin.

Throat.—All provers showed its irritant action on the throat, and its effect here is strikingly peculiar. It has attained a well merited degree of usefulness in throat affections and the symptoms leading to its use appear to be distinctive. I have used the remedy according to them with unfailing success; briefly they are the following:—

1. The dark color of the throat.
2. Pain at root of tongue extending to ears on swallowing.
3. General aching in back and limbs.

4. Sensation of a hot ball in throat, worse hot fluids.

The attack starts in with dryness, smarting and burning. A gargle of the diluted tincture is insisted upon by Dr. Bayes, of England, and we have frequently adopted it with success.

There is some question as to its value in diphtheria. One does not get much aching in the back and limbs in diphtheria, nor the sensation of heat in the throat. It is recommended by some authorities highly and it has evidently a homœopathic relationship to some forms of the disease, but it does not seem to correspond to malignant cases as does Merc. cyan., Merc. bin.iod., Lachesis and Carbolic acid. True, diphtheria is not always malignant; Phytolacca corresponds more closely to a follicular pharyngitis with the symptoms mentioned and a constant desire to clear the throat of phlegm.

Glands.—The mammary gland in the human and in animals seems to be a marked center of action. Poke-root has long been a popular remedy in garget or caked udders in cows, and in the human it is the most useful remedy we have where there is a tendency for the breasts to cake and suppurate; pains radiate from the nipple and aching accompanies, also chilliness, irritable mammary tumors, sensitiveness of breasts during nursing, excessive flow of milk.

Sero-Fibrous Tissues.—Conditions similar to severe muscular, ligamentous and syphilitic rheumatism with pains at the attachment of muscles, worse at night and in damp weather. It seems to have caused many manifestations similar to secondary syphilis, such as periostitis of bones of scalp, sore and painful blotches. Syphilitic sciatic pains.

It seems to be particularly adapted to pains below the elbows and knees, though it has cured right deltoid rheumatism.

The aching, the aggravation at night, the aggravation from damp weather, and the exciting cause of exposure are the elements of decision.

Skin.—A plant containing so much potash must affect the skin. It has a reputation of curing psoriasis, which is really a skin-phase of the rheumatic diathesis. I never saw a case of psoriasis without rheumatic symptoms. Chronic eczemas, herpes and squamous eruptions have been cured by it. In one case of epithelium of lip, Phytolacca internally and Phytolacca cerate externally cured it. It is also recommended in boils and carbuncles. It ought to be serviceable in obstinate and chronic cases of eczema. We know *Kali muriaticum* is wonderfully efficacious.

Metabolism of Cases of Mongoloid Idiocy. —Lurie finds that in cases of Mongol idiots the excretion of phosphates and lime is very markedly increased, and that administration of Ca. phosphates great improvement in the general conditions of the patnents.—*Max Kahn.*

BOOK REVIEWS.

Text-Book of Nervous Diseases. By Charles L. Dana, M. D. William Wood & Co., New York.

This is the 8th edition of Dr. Dana's well known work on nervous diseases. A large part of this book has been completely remodelled and rewritten. In the light of recent discoveries many new chapters have been added. It would be a very useful book of reference for our students in homœopathic colleges for the reason that the subject of therapeutics, and especially drug therapeutics, has been omitted from the volume, and the reasons given for this omission are that methods, and drugs, and points of view are so constantly changing that it is difficult to discuss effectively in a treatise that aims to be of moderate size. This we know is a condition of old school therapeutics, always changing and practically worthless. The omission of these from the volume gives it in our mind added value.

Urgent Symptoms in Medical Practice. By Robert Saundby, M. D. Longsmans, Green & Co., New York.

This book is one of handy reference for a busy practitioner who wishes to learn significance of a particular reference. The meaning of symptoms, however, seems to be somewhat different than that understood by the homœopathic school, and there is a certain unavoidable mixture of terms in the book. Thus such conditions as cough, hoarseness and hunger would be well understood as being symptoms, but such conditions as caries, eczema and aneurisms are considered diseases which present symptoms; however, all this is of minor import, and the book is of exceptional value and should be on every physician's table as it contains a great deal of information in a very small compass. The definitions are concise and well presented. We can commend the book highly to our readers.

The Physician's Visiting List. P. Blakiston's Son & Co., Publishers, Philadelphia.

This book is now in its 65th year. It contains much information that is useful to the physician, such as a table of doses, a comparison of thermometers and emergency methods in asphyxia and apnœa. It is a very compact visiting list.

The Medical Record Visiting List; or Physician's Diary for 1916. William Wood & Company.

This edition of the well known Medical List has been thoroughly revised and somewhat changed. It remains, however, one of the most practical visiting lists that is published. It is handy in shape, fits the pocket well and is exceedingly durable.

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SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

THE Southern Homœopathic Medical Association met in Cincinnati on November 9, 10 and 11 under the presidency of Dr. A. L. Smethers, of Anderson, S. C.

The attendance was large and the local committee did themselves proud in providing adequate facilities for the meeting, exhibits and entertainments. The program was well filled with excellent papers, and these were read and discussed ably. The lobby of the Gibson House reminded one of the hotel headquarters of an Institute meeting. Riley, Scott Parsons, Sawyer, Beebe, Walton, McCleary, Wiggers, Geiser, Harkness, Rabe, Myers, Swartout and King from Washington; Monroe, of Miami; Boericke, of San Francisco, all Instituters, were present. Then there were Hobson, Hanks, Wheat, and Hunt, of the milder sex. The College Alliance brought Deans Hinsdale, Burrett, Cobb, Pearson, and Brant. All the colleges were represented save Boston. The Council on Medical Education was represented by the secretary, and there were six trustees of the Institute present.

The College Alliance held a prolonged session and much work was done mainly in the line of formulating committee work and the making of standing committees out of those heretofore specially created.

An important work is to be undertaken in the scanning of general medical periodical literature for items bearing on Homœopathy. This work is to begin January, 1916, and will be under the direction of the University of Michigan Homœopathic School and the Hahnemann Medical College of Chicago. These items are to be published in the *Journal*.

Dr. A. E. Hinsdale was appointed a committee to present a plan of materia medica teaching which shall be uniform and shall be adopted in all colleges.

The place of the next meeting of the Southern Association is to be Kansas City. The newly elected president is Dr. Scott Parsons, of St. Louis. Dr. J. L. Jennings, of Danville, Va., was re-elected secretary, and every one knows that no better choice of officers chould be made.

Cincinnati hospitality is truly southern, and of the kind not easily forgotten. We hope to meet there again ere many years.

SALVARSAN.

A NEWSPAPER howl has gone the rounds telling of the horrible loss of life that is occurring daily, the acute suffering, and the terrible ravages of a loathsome disease that is besetting the inhabitants of the United States because of our inability to secure Salvarsan from Germany.

The genesis of this protest has the earmarks of being also "made in Germany."

The question first is, cannot Salvarsan be manufactured in the United States, and we have had it answered in the negative, because it is a secret nostrum. Its composition is known, however, and the secret nostrum part comes from the process of its manufacture. Furthermore, it is said to be procurable in England and France, where plenty can be obtained if the *buyers* will accept the French and English article which scientists assert is quite as efficacious as the German.

Second. No one outside of the lurid newspaper reporters has heard of the great sufferings of humanity that can only be relieved by Salvarsan or Neosalvarsan. Even Ehrlich asserts that these substances are worthless in most instances unless mercury be used with them, which means that now as 20, 50 and 100 years ago the dominant school depends on mercury.

Third. We have yet to see any suffering, ravage, or loss of life that Salvarsan has spared that could not have been spared by other measures.

Fourth. We do not believe that there is a single chemical or other product manufactured in Germany, France, Russia, Italy or England that cannot be produced in the United States—but, of course, a few of our importing chemists will fight this idea to the end. As to our own

remedies, it would be better for the cause of Homœopathy if no tinctures were imported for the next ten years. Our materialistic exclusive low dilution prescribers would learn something of the power of the dynamized drug, and the sub-physiological dose.

DEATH OF DR. J. B. GREGG CUSTIS.

ANOTHER of our homœopathic men of prominence has been claimed by death. Dr. J. B. Gregg Custis, the leading homœopathic physician of Washington, D. C., died on November 4th. The doctor had not been in vigorous health for some months, yet his death came as a sudden shock to his innumerable professional friends.

Dr. Custis was a native of Wilmington, Delaware, and was 60 years of age. He was graduated from the New York Homœopathic Medical College in 1878, and soon after located in Washington, where he practiced up to the time of his death, having an exceedingly large clientele, and, owing to his close adherence to homœopathic methods, an unrivalled success.

He identified himself from his graduation with the activities of the homœopathic school.

He was a past president of the American Institute of Homœopathy, and one of its most prominent and faithful members. He was a member of the local Board of Homœopathic Medical Examiners, and was for a number of years president of the Board of Medical Supervisors. He also held high honors in Masonic, social and business activities. He was at the time of his death president of the American Institute of Drug Proving, an organization in which he was deeply interested.

He was largely instrumental in securing the Hahnemann Monument and its beautiful site in the City of Washington, and was master of ceremonies at its dedication.

His loss to the school is great; his genial, earnest and whole-souled personality will never be effaced from the memories of those who knew him, and who of the progressive part of the homœopathic profession did not.

An acquaintance and friendship of thirty-eight years make us a mourner among those who knew his sterling worth and character.

A NATIONAL BOARD OF MEDICAL EXAMINERS.

THE president of the American Medical Association has appointed a "National" Board of Medical Examiners. The hopes expressed are that the various state boards will recognize this proprietary national board and grant permission to practice to all who possess this board's certificates.

Of course, the president of the A. M. A. does not stop at such a little thing as a state law which in most cases provides qualifications for licensure, nor does he recognize in the composition of his board any other save the allopathic school. He does not seem to know nor care, in the true medical trust fashion, that some thirty odd States have boards made up of members of different schools of medicine. The main object is to get control of medical licensure in every State of the Union.

This means, of course, that no member of any other school of medicine save the allopathic will ever receive a license, no matter what the applicant's qualifications may be.

It seems that the same condition would exist in all States as now exists in those few States where complete control is held by the dominant school, and in some instances where the homœopathic member of the board is a member of the A. M. A. and has sold out the interests of his school for personal aggrandizement. In these States none but allopaths need apply.

It means that as soon as this scheme is consummated the bars will be let down and medical education will be set backward to where it was when the homœopathic school commenced to boost requirements, for it was a homœopathic college that first did this.

The composition of President Rodman's board shows also that no representation will be given in his own school of medicine to that portion thereof who are not within the inner circle of the great medical octopus.

We feel sure that our loyal members on State boards will oppose the recognition of this proprietary board, and we feel sure that the Federal Government will not go into co-partnership with a private corporation.

If there is to be a federal board, let it be for the protection of the people and you cannot protect the people by closing the door to a system of medicine that has, as every one acknowledges, done so much to free them from indiscriminate dosing of what is called heroic medicines; let it be composed of membership from the three lead-

ing schools of medicine with provisions for any other school that may exist or arise having merit, and the equitable plan of having no one school in a majority over the other two; let it be composed of men whose qualifications are educational and intellecetual, not merely society and department affiliation.

Why this agitation anyway? Who is asking for it? The people? No. Legislature? No. Members of the homœopathic, eclectic or osteopathic schools? No. It comes alone from that portion of the allopathic school known to the world as the Great American Medical Trust, the American Medical Association. No other medical association, board or organization is asking for it or needs it.

NEWS ITEMS.

MASSACHUSETTS.

Dr. DeWitt G. Wilcox will speak on December 28th before the Department of Clinical Research and Preventive Medicine at the Evans Memorial at Washington upon the subject, "Choice of Vocation."

MICHIGAN.

The last meeting of the Detroit Practitioners' Club discussed Blood Transfusion and Application of Modern Surgical Methods.

The November meeting of the Western Michigan Homœopathic Society had an interesting paper on its program, by A. L. Ruffe, M. D., entitled "Belladonna."

PENNSYLVANIA.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, PHILADELPHIA.

REPORT OF THE DEAN TO THE FACULTY OF THE HAHNEMANN MEDICAL COLLEGE.

Gentlemen of the Faculty:

The sixty-eighth annual session is now fully started and all college work is progressing in splendid shape, thanks to the active co-operation of the entire faculty. Students are well pleased with the instruction they are receiving, and everything looks favorable for another successful year.

STUDENTS.

Those of us who are well acquainted with the new students are very favorably impressed with them. They are high grade young men who will be a distinct credit to the Hahnemann Medical College, both as students and as alumni.

The pre-medical class numbers thirty-seven: Ralph, Barsby, Brinton, Burkett, Clark, Czapp, Davis, Doyle, Gault, Gebbard, Gardner, Goeringer, Guillium, Hancox, Hutcheson, Line, Malis, Mark, Martz, Meng, Nutch, Ross, Scholtes, Scruggs, Seraphin, Stedeford, Steven, H. C., Stevenson, J. N., Szall, Thomas, Townsend, Tructer, Wachter, Walker, Wertz, Wienkski, and Woolard.

The freshman class numbers thirty-two: Adair, Banyard, Di Medio, Geckeler, Gercke, Haines, Humer, Harvey, Hawn, Hobart, Holland, Jones, Kistler, Kropp, Krusen, Lyon, Marbaker, Mast, Melick, Meyers, O'Neill, Paxson, Pettler, Prugh, Shaeffer, Stewart, Taggart, Twining, Ursprung, Vischer, Wernert, and West. Twenty of these men were in our pre-medical class last year.

The sophomore class unfortunately only numbers twelve due to the very strict policy enforced last year of not accepting any one into our freshman class who had difficulties in his preliminary credentials. The Hahnemann Medical College of Philadelphia was one of the three college in the United States which strictly enforced this requirement of the American Association of Medical Colleges. The members of the sophomore class are: Cintra, Celey, Dunlop, Grayburn, Kistler, Mandracchia, MacFarland, Purcell, Roberts, Roth, Tuthill, and Webb. Several of these men would have been eligible to have entered a medical college the year before.

The junior class consists of thirty-five, as follows: Allen, Atkinson, Bailey, Blood, Brown, Campen, Castro, Condon, Crosby, Davis, Doebel, Fox, Henderson, Jack, Junkermann, Lotz, McKinstry, Miller, Mills, Nienaum, Pater, Pierson, Pilgram, Powell, Reading, Seitz, Seraphin, Shoemaker, Skeoch, Stevenson, Straub, Stubbs, Tongue, Walther, and Zapf.

The senior class consists of twenty-one: Armstrong, DeLonardis, Doyle, Ferguson, Fulmer, Lane, Meganan, Metzger, Peterson, Phillips, Porter, Powick, Remly, Roberts, Roepeke, Rowland, Smith, Snyder, Streeter, and Wittman.

It is interesting to note that our students come from fifteen different colleges: Swarthmore, Swarthmore Preparatory, Lehigh University, Penn State, Haverford, Juniata, University of Pennsylvania, University of Ohio, St. John's Academy, Miami University, University of Pittsburgh, Franklin and Marshall College, Bellevue Hospital, Medico Chirurgical College, and George Washington University.

Three brothers are in college at the same time.

The total number of undergraduate students this year is one hundred and thirty-seven.

FACILITIES FOR TEACHING.

We all know that the Hahnemann Medical College and Hospital has ample facilities to teach classes of fifty students. Most of our laboratories will comfortably accommodate this number, and certainly the large number of patients in the hospital would supply the clinical demand. Our seniors are now actually complaining that they have too much clinical work.

LEARN MORE ABOUT YOUR COLLEGE.

It is a lamentable fact that the members of our faculty do not better know what each one is doing. There are many lectures and demonstrations every day that would

be profitable for any physician to attend, and I am quite sure that the one in charge would not only be glad to have visitors but would feel complimented to have any member of the faculty come and see what is being done. How can we judge the merits of our faculty if we do not see them work? Students are usually keen judges, and the man who has the respect and admiration of his students, as a rule, is a good teacher. Let us try to see how some one else presents his subject as it may help us to better present our own.

THE HERING LABORATORY.

While all of the departments have improved their courses this year, the work of the Hering Laboratory deserves special mention. This first half of the year the senior students are given laboratory work in homœopathic materia medica, and the second half of the year they will be given special instruction on the action of homœopathic remedies at the bedside.

ASSOCIATION OF AMERICAN COLLEGE OF SURGEONS.

The Association of the American College of Surgeons, of which several of our surgeons are members, will hold meetings and clinics at Boston all of next year. It is a pleasure and a distinct honor to our faculty to announce that Dr. I. G. Shallcross, Dr. G. A. Van Lennep, Dr. H. P. Leopold, Dr. W. C. Hunsicker, Dr. W. D. Culin, Dr. F. W. Smith, and Dr. Oscar Seeley will each receive the degree of Fellow of the American College of Surgeons. The congratulations of the faculty are due each of them. Others of our faculty would also have received this high degree at this time but for some irregularity in filing of their blanks. They will have our congratulations later.

NEW TRUSTEE.

Mr. Joseph McCulloch, a gentleman of exceptional ability and good judgment, has been elected a member of the Board of Trustees and appointed on the Executive Committee.

CO-EDUCATION.

Women cannot wisely be admitted into the Hahnemann Medical College of Philadelphia without the approval and active co-operation of a large majority of this faculty, the Board of Trustees, the alumni, the students, and the women homœopathic physicians of this vicinity. The consensus of opinion is unfavorable at the present time, possibly in the same proportion as a poll of our students—36 for and 34 against.

NEW JERSEY MEDICAL LAW.

The State Legislature of New Jersey have passed a law requiring all applicants for medical licensure to have had two years of college credits prior to their medical education, also one year's service in a hospital. Students taking our pre-medical year will receive credit for one year of college work by the New Jersey authorities.

FINANCES.

It is a source of keen regret that there were a few errors in the financial report of the college which was sent to each member of the faculty and Board of Trustees on September 11, 1915. This was owing to the fact that subscriptions are recorded on the books the day received, and it is difficult to find all entries. The following correction should be made in the detailed list of contributors: Dr. O. F. Barthmaier, $25.00; Dr. Nagle, $55.00; Dr. Seeley, $100.00 and Dr. Sylvis, $25.00. Additional money paid after September 1, 1915, by those who subscribed last year will be tabulated later.

It is gratifying to report that the Trustees are taking more interest in the financial affairs of the college. Mr. Barney has proposed to protect the college this year by underwriting the possible indebtedness at the end of this year, and it would seem the duty of us all, as far as we are able, to guarantee a portion of this money. The income from students will be somewhat larger this year, but will not be as large as it should be until we have fifty men in each class. This can be done but it means work. The fact that a few of our faculty went to Swarthmore and talked with prospective medical students is directly responsible for at least four students from Swarthmore now being in our college.

Dean Pearson and his assistant, Dr. Ralph Bernstein, are planning to visit Penn State College and a few other colleges for the same purpose. There is no reason why all our faculty should not do some of this work. It is not physically possible for the dean to do much of it for he is practically responsible for one-tenth of the total number of hours in the entire medical course and one-third the number of hours in the pre-medical year. One of the objections made to the Hahnemann Medical College by Dr. Colwell, of the American Medical Association, was on account of an all time man in the medical college proper giving instruction to pre-medical students. In brief, we need a professor of chemistry for the pre-medical year.

It is a pleasure to mention that a certain woman has personally paid the tuition of two deserving young men who would not have been able to have remained in college without financial assistance.

The Scranton and Wilkes-Barre alumni will assist one student. The Women's Homœopathic League three, and we feel sure that the Philadelphia County Medical, the Germantown Club, and several other organizations will not fail to each do their share. Are you all willing to do your share? The college needs your co-operation.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann College on Thursday evening, November 11, 1915, at eight-thirty o'clock. The scientific program consisted of the following:

"Treatment of Chronic Heart Failure," G. Harlan Wells, M. D.

"Scope and Limitations of the Homœopathic Remedy in the Treatment of Myocardial Failure," Wm. H. Yeager, M. D.

Many important topics were discussed and the meeting was attended by a large number of members.

J. M. KENWORTHY, M. D., *Sec'y.*

The Society of Surgery, Gynæcology and Obstetrics held its regular monthly meeting at Hahnemann College on Wednesday evening, November 25, 1915, at eight-thirty o'clock. The scientific program was as follows:

"A Gynæcological Paper," Dr. Bushrod James, M. D.

"Personal Experience in the Treatment of Rectal Diseases," T. Louis Adams, M. D.

Several interesting clinical cases were reported after which the meeting adjourned.

J. M. Kenworthy, M. D., *Sec'y.*

Hahnemann Hospital: A meeting of the staff of Hahnemann Hospital was held on Friday, November 5, 1915, at 3 P. M. There was a full attendance of members and many important topics were discussed.

S. W. Sappington, M. D., *Sec'y.*

The Philadelphia Society for Clinical Research held its regular monthly meeting on Wednesday evening, October 27, 1915, at 9 P. M., at the office of Dr. G. Harlan Wells. The meeting was well attended and a thoroughly enjoyable time was had by all present. The election of officers to serve for the ensuing year took place, which resulted in the following:

President, W. J. Snyder, M. D.; Vice-President, J. Rowland, M. D.; Secretary, N. G. Muhley, M. D.; Censors, Drs. Emery, Miller and Tindall. Entertainment Committee, Drs. Sloan, Hillegas, Cheesman, Mercer and Sylvis.

E. A. Steinhilber, M. D., *Sec'y*

The Germantown Homœopathic Medical Society held its regular monthly meeting at the Hotel Majestic, Broad and Girard Avenue, on Monday, November 15, 1915, at 9 P. M. Dr. Charles H. Duncan, of New York, entertained the society by presenting an interesting paper, entitled "Autotherapy." Following are the officers of the society:

President, W. W. Van Baun, M. D.; Vice-President, F. O. Gross, M. D.; Recording Secretary, H. F. Schultz, M. D.; Corresponding Secretary, C. B. Hollis, M. D.; Treasurer, I. B. Gilbert, M. D.; Board of Governors, W. H. Keim, M. D., W. Speakman, M. D., T. J. Gramm, M. D., J. A. Fisher, M. D., C. M. Brooks, M. D.; Board of Censors, N. F. Lane, M. D., E. Humphries, M. D., W. C. Powell, M. D. Entertainment Committee, Walter C. Barker, M. D., Clarence Bartlett, M. D., Theodore P. Gittens, M. D., Francis L. Hughes, M. D., Richard W. Larer, M. D., J. R. Mansfield, M. D., M. J. Nevinger, M. D., Furman R. Shute, M. D., Le Roy I. Walker, M. D., L. C. Wessels, M. D.

The Homœopathic Medical Society of the 23d Ward of Philadelphia held its regular monthly meeting at the office of Dr. J. V. Allen, Frankford, Pa., on Wednesday, October 20, 1915. Many interesting papers were presented, among which the one on "Sepia" brought forth much discussion. There was a full attendance of members and an enjoyable time was had by all present.

J. D. Boileau, M. D., *Sec'y.*

The Clinico-Pathologic Society of Philadelphia held its regular monthly meeting at Hahnemann College on Saturday evening, October 16, 1915, at 8:30 o'clock. The scientific program consisted of the following:

"The Spinal Cord Symptoms of Pernicious Anæmia," Dr. W. L. Hicks.

"Breast Tumors," Dr. Deacon Steinmetz.

"The Significance of the Pulse Deficit in the Treatment of *Heart* Failure," Dr. W. F. Williams.

Many matters of importance were discussed at this meeting, which was well attended.

The Oxford Medical Club of Philadelphia held its regular monthly meeting at the Columbia Club, on October 1, 1915. Dr. George P. Stubbs read a well prepared paper on "Conservative Surgery of the Ovaries and Tubes," and which proved an interesting feaure of the occasion. The meeting, which was largely attended, was an enjoyable one.

E. M. Gramm, M. D., *Sec'y.*

The Homœopathic Medical Society of Chester, Delaware and Montgomery Counties held its 57th annual meeting at West Chester, Pa., the home of its birth, on Tuesday, October 12, 1915, at the Turk's Head Inn, at 1:30 o'clock.

The West Chester members had arranged an elaborate program which proved highly entertaining.

Medical and surgical topics of practical interest to the general practitioner and the specialist were presented by Dr. F. L. Richards, of Berwyn, and Dr. Arthur Hartley, of Philadelphia. After luncheon had been served to a large number of visiting physicians and members, the election of officers took place. The meetinug was one of the largest ever held and much credit is due the different committees in charge.

Isaac Crowthers, M. D., *Sec'y.*

The Central Homœopathic Medical Society held its regular monthly meeting on Thursday, October 14, 1915, at the Rossmere Hotel, Lancaster, Pa., dinner being served at 12:30 o'clock. The members of the Lebanon County Homœopathic Medical Society were guests of the occasion, and Dr. Ralph Bernstein, of Philadelphia, Pa., the guest of honor, and who delivered an interesting lecture on "The Diagnosis and Treatment of Common Skin Diseases." The meeting, which was an enthusiastic one, was largely attended.

G. A. Sayres, M. D., *Sec'y.*

The Schuylkill County Homœopathic Medical Society held its regular monthly meeting at the Union Hotel, Ashland, Pa., on October 26, 1915. An invitation had been extended to the Lebanon, Berks and Schuylkill counties, auxiliary of the Alumni Association of Hahnemann Medical College, of Philadelphia, Pa., to be present at the meeting, the same being accepted. There was a fine representation present and an enthusiastic session followed.

E. K. Golding, M. D., *Sec'y.*

The Board of Managers of the Women's Southern Homœopathic Hospital held their annual meeting and donation day on Thursday, November 11, 1915, at 3 P. M. The opening address was made by Rev. Edwin Heyl Delk, D. D. The Baby Chorus of the Bethlehem Baptist church contributed music for the occasion. The Board was extremely grateful for the many donations received.

Annie H. Miller, M. D., *Sec'y.*

The Hahnemann Hospital Training School for Nurses held its graduation exercises at Hahnemann Medical College on Thursday, November 11, 1915, at 8 P. M. A large class of bright young women received their

diplomas, and the attendance at the exercises was large.

The J. Lewis Crozer Hospital Training School for Nurses held its commencement exercises on Wednesday afternoon, October 7, 1915, at 3:30 o'clock in the reception hall of the J. L. Crozer Home for Incurables, Upland, Pa. The following nurses received their diplomas: Miss Mae Frances Garner, Miss Anna Varonica Burke and Miss Frances J. Fauver.

PERSONALS.

Mr. and Mrs. Frank F. W. Dauwalter announce the marriage of their daughter, June, to Dr. Frederic Warren Smith, on Sunday, the tenth day of October, nineteen hundred and fifteen, Denton, Nebraska. At home after the first day of January, fifty-four twenty-five Cedar Avenue, Philadelphia, Pennsylvania.

Dr. James G. Spackman announces the opening of his office at 1104 Madison Street, Wilmington, Delaware. Hours, 9 to 11 A. M., 3 to 5 P. M. Surgery exclusively.

Dr. Walter C. Barker, announces the removal of his office to 1823 Chestnut Street, Philadelphia. Hours, 9 to 12 M. Practice limited to Roentgenology and electro-therapeutics.

Dr. Maximilian Roedmann announces the opening of his private hospital at 1631 No. 15th Street, Philadelphia, Pa., resident physician in charge M. Roedmann. Not open for new cases during July and August. Office hours, 9 to 11 A. M., 6 to 8 P. M. No Wednesday evening hours. Afternoons and Sundays by appointment.

D. Bushrod James, M. D., Fellow American College of Surgery, announces the opening of his office at 1451 Spruce Street, Philadelphia. Gynæcology exclusively. Office hours, Monday, 12 to 1. Other week days, 11 to 1. No Sunday hours.

Dr. H. Leslie Fry announces the removal of his residence and office to 3687 Powelton Avenue. Office hours, 8 to 10 A. M., 2 to 3 P. M., 6 to 8 P. M. Sunday until 10 A. M.

RHODE ISLAND.

The interesting retrospect upon the life and work of Sarah J. Millsop appears from the pen of that stalwart physician, George B. Peck, of Providence.

TEXAS.

That energetic homœopathic physician, William S. Schwartz, is removing from Pennsylvania to Texas, and expects to locate permanently in the city of Houston.

OBITUARY.

Dr. W. L. Parmeter.

Buffalo, N. Y., Sept. 16, æt. 81. Homœopathic College, Cleveland, Ohio, 1873.

Dr. Prudence Fenneman.

Hamilton, Ohio, Sept. 22, æt. 51. Cleveland Homœopathic College, 1899.

Dr. Charles L. Carriere.

St. Louis, Mo., Sept. 17, æt. 76. Homœopathic Medical College, Mo., 1871.

Dr. Frank D. Vreeland.

Paterson, N. J., Oct. 4, æt. 64. New York Homœopathic Medical College, 1879.

Dr. Amelia E. Burroughs.

Sept. 25. Homœopathic Hospital, Cleveland, 1881.

Dr. Edmund Beckwith.

Petaluma, Cal., Sept. 21, æt. 78. Homœopathic Hospital College, Cleveland, 1865.

Dr. Stephen H. Carroll.

Albany, N. Y., Sept. 22, æt. 73. N. Y. Homœopathic Medical College, 1870.

Dr. A. O. Pitcher.

Mt. Pleasant, Ia., Sept. 18, æt. 72. Homœopathic Medical College, Pa., 1867.

Dr. Joseph R. Cox.

New Castle, Pa., Aug. 21, æt. 44. Cleveland Homœopathic College, 1896.

Dr. Duncan MacFarlan.

Philadelphia, Pa., Sept. 26, æt. 64. Hahnemann Medical College, Pa., 1875.

Dr. Theodore St. John.

Thomaston, Conn., Sept. 11, æt. 83. New York Homœopathic Medical College, 1881.

Dr. Edwin S. Kellogg.

Helena, Mont., Oct. 9, æt. 64. Hahnemann Medical College, Philadelphia, 1878.

Dr. Abraham H. Parker.

Macon, Ga., Sept. 22, æt. 75. Pulte Medical College, 1889.

Dr. Chas. W. Stiles.

Somersville, Mass., Sept. 9, æt. 65. Boston University School of Medicine, 1878.

Dr. Thos. M. Bulick.

Harrisburg, Pa., Aug. 9, æt. 75. Hahnemann Medical College, Pa., 1882.

Dr. Madison B. Morris.

Edina, Mo., Oct. 2, æt. 88. Hahnemann Medical College, Philadelphia, 1871.

Dr. E. B. Emory.

Winfield, Kan., Oct. 13, æt. 66. Homœopathic Hospital College, Cleveland, 1881.

Dr. Henry P. Mowry,

Bronson, Mich., Oct. 6th, æt. 61. Hahnemann Medical College, Chicago, 1877.

Dr. George C. Burnley,

Lock Haven, Pa., Oct. 21, æt. 49. Hahnemann Medical College, Philadelphia, 1890.

Dr. Horace K. Braister,

Delta, Col., July 23, æt. 59. University of Michigan Homœopathic Medical College, 1880.

Dr. Gertrude Gooding,

Bristol, R. I., Oct. 24th, æt. 60. Boston University School of Medicine, 1884.

Dr. E. P. Colby,

Boston, Mass., Professor of Nervous Diseases in Boston University of Medicine, died Nov. 1, æt. 76.

Dr. Wm. W. Chisholm,

Philadelphia, Pa., Oct. 29, æt. 21. Hahnemann Medical College, Philadelphia, 1915.

Dr. J. B. Gregg Custis,

Washington, D. C., Nov. 2, æt. 60. New York Homœo. Medical College, 1878.

Dr. H. L. Foster,

Reed City, Mich., Nov. 7, æt. 58. New York Homœo. College, 1881.

Dr. Charles A. Church,

Passaic, N. J., Nov. 12, æt. 76. New York Homœo. College, 1871.

Dr. Frank D. Harter,

Grand Rapids, Mich., Oct. 31, æt. 42. Chicago Homœo. College, 1900.

Dr. Frederick R. S. Brown,

Doerum, Ga., July 30, æt. 45. Hahnemann College, Chicago, 1898.

Dr. R. B. McCleary,

Monmouth, Ill., Nov. 12, æt. 82. Hahnemann Medical College, Chicago, 1878.

Dr. David B. Amoss,

Cobb, Ky., Nov. 3. Cleveland Homœopathic College, 1880.

Dr. W. H. Shields,

Astoria, N. Y., October 24, æt. 41. New York Homœopathic Medical College, 1910.

Dr. H. H. Hammond,

Anderson, Ind., November 12, æt. 55. Hahnemann Medical College, Chicago, 1887.

Dr. Thomas A. Wasson,

Elizabethtown, N. J., November 12, æt. 61. Homœopathic Hospital College, Cleveland, 1886.

Dr. Fred. K. W. Messerve,

Berlin, N. J., November 22, æt. 55. Hahnemann Medical College of Philadelphia, 1885.

Dr. W. H. G. Griffith.

Trenton N. J., November 24, æt. 82. Hahnemann Medical College of Philadelphia, 1872.

Dr. Geo. H. Peck,

New Philadelphia, Ohio, November 15, æt. 77. Homœopathic Medical College, Detroit, 1873.

Dr. Wm. E. Pritchard,

Los Angeles, Cal. November 14, æt. 56. Chicago Homœopathic Medical College, 1886.

Dr. Herman C. Block,

Milwaukee, Wis., November 10, æt. 63. Chicago Homœopathic Medical College, 1885.

Dr. John W. Fawdry,

Corfu, New York. New York Medical College, 1892.

Dr. R. F. Taylor,

Napa, Cal., November 8, æt. 66. Pulte Medical College, 1877.

Dr. Wm. M. Pulsifer,

Skowhegan, Me., October 31, æt. 52. Hahnemann Medical College, Philadelphia, 1887.

Dr. Calvin Starr,

Beatrice, Neb., November 25, æt. 93. Western College of Homœopathic Medicine, Cleveland, 1857.

Dr. B. B. Andrews,

Nemaha, Neb., November 16, æt. 70. Hahnemann Medical College, Chicago, 1878.

Glycogen in the Smooth Musculature.—Although the glycogen-content of the skeletal muscles and of the heart muscle has been studied by several observers, no special attention has been given to the presence of glycogen in smooth muscles. The occurrence of glycogen in the smooth musculature has been considered, at least, for extra-uterine life, as a more accidental condition. The smooth musculature of grown animals and human beings may under normal conditions contain glycogen. Almost constantly glycogen was found in the media of the small arteries and in the musculature of the vermiform appendix. Inflammatory processes in the appendix lessened the amt. of glycogen present. Very frequently also glycogen was observed in the media of the aorta and of the larger arteries; apparently these deposits are found only in sick persons. In healthy individuals who met with accidental death and in healthy rabbits, these arteries were glycogen-free. These deposits of glycogen in smooth muscles are evidently dependent upon the grade of muscular function.—*Geo. T. Caldwell.*

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